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FILED
Apr 17 1996 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 812339 (0)

1. Corporation Name

SOUTHERN INSURANCE COMPANY

Principal Place of Business

2727 TURTLE CREEK BLVD.
P.O. BOX 660302
DALLAS TX 75266-7302

Mailing Address

2727 TURTLE CREEK BLVD.
P.O. BOX 660302
DALLAS TX 75266-7302

3. Date Incorporated or Qualified

09/16/1957

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

4. FEI Number

75-6021170

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE
NAME FULTON, JOHN E.
STREET ADDRESS 1731 ST JAMES DR
CITY-ST-ZIP CARROLLTON TX

1.1 TITLE VICE PRESIDENT/DIRECTOR ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV ☒ DELETE
NAME CHRISTEN, PETER K
STREET ADDRESS 10000 IRVING CT
CITY-ST-ZIP IRVING TX

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME FRIERSON, ROBERT W.
2.3 STREET ADDRESS 8611 Chadbourn Rd.
2.4 CITY-ST-ZIP DALLAS, TX 75209

TITLE TD ☐ DELETE
NAME MILLIGAN, BRUCE, R
STREET ADDRESS 4504 LORRAINE AVE
CITY-ST-ZIP DALLAS, TX 00000

3.1 TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DVS ☐ DELETE
NAME DITTO, MICHAEL E.
STREET ADDRESS 1902 BALTIMORE
CITY-ST-ZIP RICHARDSON TX

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME OLIVER, JAMES W
STREET ADDRESS 1409 TEABERRY CT
CITY-ST-ZIP PLANO TX

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE C ☐ DELETE
NAME HINSON, LAURA K
STREET ADDRESS 4405 AMHERST
CITY-ST-ZIP DALLAS TX

6.1 TITLE TREASURER/CONTROLLER/DIRECTOR ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Laura K. Hinson

Laura K. Hinson

4/11/96

(214) 559-1222

CR2E034 (12/95)