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May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90079 001 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 812339

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1957

4. FEI Number

75-6021170

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

TITLE VPD ☐ DELETE

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

TITLE VPD ☐ DELETE

NAME FRIERSON, ROBERT W.  
STREET ADDRESS 8611 CHADBOURNE RD.  
CITY-ST-ZIP DALLAS TX

TITLE PD ☐ DELETE

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

TITLE DVS ☐ DELETE

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

TITLE TCD ☐ DELETE

NAME HINSON, LAURA K  
STREET ADDRESS 4405 AMHERST  
CITY-ST-ZIP DALLAS TX

TITLE D ☐ DELETE

NAME MUDD, STEPHEN W  
STREET ADDRESS 1409 CHESAPEAKE  
CITY-ST-ZIP PLANO TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DVS

Ditto, Michael E.

7012 Briar Cove DR.

Dallas, TX 75240

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Robert W. Friererson

4/30/99

214-559-1222