

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
 05-30-2002 91588 021 ***150.00

05/31/02 AT

DOCUMENT # 812339

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-6021170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **FULTON, JOHN E.**
 CITY-ST-ZIP **1731 ST JAMES DR
 CARROLLTON TX**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **FRIERSON, ROBERT W.**
 CITY-ST-ZIP **8611 CHADBOURNE RD.
 DALLAS TX**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **MILLIGAN, BRUCE, R**
 CITY-ST-ZIP **4504 LORRAINE AVE
 DALLAS, TX 00000**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DVS**
 STREET ADDRESS **DITTO, MICHAEL E.**
 CITY-ST-ZIP **7012 BRIAR COVE DR
 DALLAS TX**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TCD**
 STREET ADDRESS **CUMMINGS, MARTIN B**
 CITY-ST-ZIP **4617 ADRIAN WAY
 PLANO TX 75024**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MUDD, STEPHEN W**
 CITY-ST-ZIP **1409 CHESAPEAKE
 PLANO TX**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 (214) 559-1222
 Date Daytime Phone #

CR2E034 (9/01)