FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 4:25

DOCUMENT # 813102 (1)

1. Corporation Name
SOUTHLAND LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
5780 POWERS FERRY RD., N.W. P.O.BOX 105799 ATLANTA GA 30348-5799	5780 POWERS FERRY RD., N.W. P.O.BOX 105799 ATLANTA GA 30348-5799

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/09/1971
3a. Date of Last Report: 08/15/1994
4. FEI Number: 75-0572420 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Acting P/CEO	☒ Change ☐ Addition
NAME	BURNS, CARROLL D.	1.2 NAME	Robert St. Jacques	
STREET ADDRESS	5780 POWERS FERRY RD. NW	1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	C/D	☒ Change ☐ Addition
NAME	CHRISTOPHER, STEVEN M.	2.2 NAME	R. Glenn Hilliard	
STREET ADDRESS	5780 POWERS FERRY RD. NW	2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 0	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	V/S	☒ Change ☐ Addition
NAME	ADAMS, JR. W	3.2 NAME	Francis J. Mulcahy	
STREET ADDRESS	5780 POWERS FERRY RD. NW	3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP		
TITLE	SVD	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	BARMEYER, JOHN R.	4.2 NAME		
STREET ADDRESS	5780 POWERS FERRY RD. NW	4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, DAVID E.	5.2 NAME		
STREET ADDRESS	5780 POWERS FERRY RD. NW	5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP		
TITLE	VT	6.1 TITLE	T	☒ Change ☐ Addition
NAME	ADAMSON, REGGIE D.	6.2 NAME	Lyndon E. Oliver	
STREET ADDRESS	5780 POWERS FERRY RD. NW	6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 0	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)(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 added to the report with an address.

SIGNATURE: _____ 8-1-95 (404) 980-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert St. Jacques, Acting President/CEO

0003410 CF

813102

Effective April 1995

Officers of Southland Life Insurance Company

R. Glenn Hilliard	Chairman of the Board
Robert St. Jacques	Vice Chairman, Acting, President & Acting, Chief Executive Officer
John R. Barmeyer	Senior Vice President - Consulting Services
P. Thomas Chester	Senior Vice President & Chief Marketing Officer
David R. Greene	Vice President - General Agency Sales
William S. Adams, Jr.	Vice President - Sales
Morris D. Bunn, Jr.	Vice President - New Business
Alan Jeglinski	Vice President - Administration
Francis J. Mulcahy	Vice President - Secretary
Charlene P. Cochran	Actuarial Officer
Carroll S. Glenn	Tax Officer
David Mitchell	Valuation Actuary
Lyndon E. Oliver	Treasurer
Joel S. Silva	Financial Officer

813102

Revised 7/95

1995 BOARD OF DIRECTORS

SOUTHLAND LIFE INSURANCE COMPANY

Stephen M. Christopher
John R. Barmeyer
James C. Brooks, Jr.
R. Glenn Hilliard
Carroll D. Burns