

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 813102 (1)  
1. Corporation Name  
SOUTHLAND LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address  
5780 POWERS FERRY RD., N.W. 5780 POWERS FERRY RD., N.W.  
P.O. BOX 105798 P.O. BOX 105798  
ATLANTA GA 30348-5798 ATLANTA GA 30348-5798



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/09/1971
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	75-0572420
24 Country	29 Country	Applied For
	30	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32304

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 607.0602 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 then if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	V
NAME	HILLARD, GLENN R	1.2 NAME	Glover, Keith
STREET ADDRESS	5780 POWERS FERRY RD. N.W.	1.3 STREET ADDRESS	5780 Powers Ferry Rd. N.W.
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Atlanta GA 30327-4390
TITLE	CD	2.1 TITLE	V
NAME	HILLIARD, GLENN R	2.2 NAME	Carey, James J.
STREET ADDRESS	5780 POWERS FERRY RD. NW	2.3 STREET ADDRESS	5780 Powers Ferry Road, N.W.
CITY-ST-ZIP	ATLANTA, GA 0	2.4 CITY-ST-ZIP	Atlanta, GA 30327-4390
TITLE	VSD	3.1 TITLE	V
NAME	MULCAHY, FRANCIS	3.2 NAME	Crane, Pamela M.
STREET ADDRESS	5780 POWERS FERRY RD. NW	3.3 STREET ADDRESS	5780 Powers Ferry Road, N.W.
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	Atlanta GA 30327-4390
TITLE	V	4.1 TITLE	
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	PD	5.1 TITLE	
NAME	THOMPSON, JAMES D	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
NAME	OLIVER, JYNDON	6.2 NAME	Pendergrass, David S.
STREET ADDRESS	5780 POWERS FERRY RD. NW	6.3 STREET ADDRESS	5780 Powers Ferry Road, N.W.
CITY-ST-ZIP	ATLANTA, GA 0	6.4 CITY-ST-ZIP	Atlanta GA 30327-4390

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.

SIGNATURE

4/28/98

CR2E034 (10/97)