

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 04, 1999 8:00 am
Secretary of State

06-04-1999 90008 035 ***150.00

DOCUMENT #

1. Corporation Name

813102

SOUTHLAND LIFE INSURANCE COMPANY

Principal Place of Business

5780 Powers Ferry Rd NW
P.O. Box 105798
Atlanta GA 30348-5798

Mailing Address

5780 Powers Ferry Rd NW
P.O. Box 105798
Atlanta GA 30348-5798

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1971

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. 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

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 V ☐ DELETE
NAME Glover, Keith
STREET ADDRESS 5780 Powers Ferry Rd NW
CITY-ST-ZIP Atlanta GA 30327-4390

TITLE V ☐ DELETE
NAME Carey, James J
STREET ADDRESS 5780 Powers Ferry Rd NW
CITY-ST-ZIP Atlanta GA 30327-4390

TITLE V ☐ DELETE
NAME Crane, Pamela M
STREET ADDRESS 5780 Powers Ferry Rd NW
CITY-ST-ZIP Atlanta GA 30327-4390

TITLE V ☐ DELETE
NAME Barmeyer, John D
STREET ADDRESS 5780 Powers Ferry Rd NW
CITY-ST-ZIP Atlanta GA 30327-4390

TITLE PD ☐ DELETE
NAME Thompson, James D
STREET ADDRESS 5780 Powers Ferry Rd NW
CITY-ST-ZIP Atlanta GA 30327-4390

TITLE T ☐ DELETE
NAME Pendergrass, David S
STREET ADDRESS 5780 Powers Ferry Rd NW
CITY-ST-ZIP Atlanta GA 30327-4390

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

David S Pendergrass

05/28/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)