

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 813102

1. Entity Name
SOUTHLAND LIFE INSURANCE COMPANY

FILED
Apr 13, 2001 8:00 am
Secretary of State
04-13-2001 90054 040 ***150.00

00036061



DO NOT WRITE IN THIS SPACE

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

Mailing Address
5780 POWERS FERRY RD.. N.W.
P.O.BOX 105798
ATLANTA GA 30348-5798

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **75-0572420**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRISTOPHER, STEPHEN M		NAME		
STREET ADDRESS	5780 POWERS FERRY RD. N.W.		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30327		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, JAMES D		NAME		
STREET ADDRESS	5780 POWERS FERRY RD. NW		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30327		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARMAYER, JOHN D		NAME		
STREET ADDRESS	5780 POWERS FERRY RD. NW		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30327-4390		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, JAMES D		NAME		
STREET ADDRESS	5780 POWERS FERRY RD. NW		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30327-4390		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENDERGRASS, DAVID S		NAME		
STREET ADDRESS	5780 POWERS FERRY RD. NW		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30327-4390		CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Glenn Block* *Glenn Block* *4/13/01* *770-933-6727*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)