FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State
09-03-2002 90165 032 ***550.00

DOCUMENT # 813102

1. Entity Name
Southland Life Insurance Company

DO NOT WRITE IN THIS SPACE

124869

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5780 Powers Ferry RDNW	5780 Powers Ferry Rd NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Atlanta, GA	City & State: Atlanta, GA
Zip: 30327 Country: U.S.A.	Zip: 30327 Country: U.S.A.

4. FEI Number: 75-0572420 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Tallahassee FL Zip Code: 32301

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) ☒

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE D, P NAME Keith Gubbay STREET ADDRESS 5780 Powers Ferry Rd.NW CITY-ST-ZIP Atlanta, GA 30327	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE S NAME Paula Cludray-Engelke STREET ADDRESS 20 Washington Ave. S. CITY-ST-ZIP Minneapolis, MN 55401	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T, VP NAME David Pendergrass STREET ADDRESS 5780 Powers Ferry Road, NW CITY-ST-ZIP Atlanta, GA 30327	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE SVP, D, CFO NAME Chris D. Schreier STREET ADDRESS 5780 Powers Ferry Road, NW CITY-ST-ZIP Atlanta, GA 30327	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE AS NAME Rebecca A. Schoff STREET ADDRESS 20 Washington Avenue S. CITY-ST-ZIP Minneapolis, MN 55401	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Mark A. Tullis STREET ADDRESS 5780 Powers Ferry Road, NW CITY-ST-ZIP Atlanta, GA 30327	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rebecca Schoff 8-23-02 612/342-3920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #