

FILED  
Apr 30, 2003 8:00 am  
Secretary of State

04-30-2003 90306 036 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 813102

1. Entity Name  
**SOUTHLAND LIFE INSURANCE COMPANY**



Principal Place of Business  
5780 POWERS FERRY RD., N.W.  
ATLANTA, GA 30327

Mailing Address  
5780 POWERS FERRY RD., N.W.  
ATLANTA, GA 30327

11029915



2. Principal Place of Business

3. Mailing Address

20 Washington Avenue South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Minneapolis, MN

4. FEI Number

75-0572420

Applied For

Not Applicable

Zip

Country

Zip

Country

55401

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003, Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
GUBBAY, KEITH  
5780 POWERS FERRY RD., N.W.  
ATLANTA, GA 30327 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
CLUDRAY-ENGELKE, PAULA  
20 WASHINGTON AVE S  
MINNEAPOLIS, MN 55401 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TVP  
PENDERGRASS, DAVID  
5780 POWERS FERRY RD. NW  
ATLANTA, GA 303274390 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVPD  
SCHREIER, CHRIS D  
5780 POWERS FERRY RD. NW  
ATLANTA, GA 303274390 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
SCHOFF, REBECCA A  
20 WASHINGTON AVENUE S  
MINNEAPOLIS, MN 55401 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TULLIS, MARK A  
5780 POWERS FERRY RD., N.W.  
ATLANTA, GA 30327 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rebecca A. Schoff Rebecca A. Schoff 4/25/03 612-342-3920

CR2E034 (10/02)