

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834432

FILED
Feb 14, 2006
Secretary of State

Entity Name: SOUTHLAND NATIONAL INSURANCE CORPORATION

Current Principal Place of Business:

1812 UNIVERSITY BLVD.
TUSCALOOSA, AL 35401

New Principal Place of Business:

Current Mailing Address:

PO BOX 1520
TUSCALOOSA, AL 35403

New Mailing Address:

FEI Number: 63-0572745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERRICK, BRIAN R
Address: 1812 UNIVERSITY BLVD
City-St-Zip: TUSCALOOSA, AL 35401

Title: VT () Delete
Name: RINALDI, ROBERT A
Address: 1812 UNIVERSITY BLVD.
City-St-Zip: TUSCALOOSA, AL 35401

Title: V () Delete
Name: MAY, JOSEPH A
Address: 1812 UNIVERSITY BLVD.
City-St-Zip: TUSCALOOSA, AL 35401

Title: S () Delete
Name: HORSACK, CELICE N
Address: 1812 UNIVERSITY BLVD.
City-St-Zip: TUSCALOOSA, AL 35401

Title: P () Delete
Name: RUST, ROBERT H
Address: 1812 UNIVERSITY BLVD.
City-St-Zip: TUSCALOOSA, AL 35401

Title: P () Delete
Name: BERTANZETTI, WILLIAM D
Address: 1812 UNIVERSITY BLVD
City-St-Zip: TUSCALOOSA, AL 35401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JENNINGS, ROBERT W JR.
Address: 1900 CRESTWOOD BLVD
City-St-Zip: BIRMINGHAM, AL 35210

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A RINALDI

VT

02/14/2006

Electronic Signature of Signing Officer or Director

Date