FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 1:50

DOCUMENT # **847623** **(6)**

1. Corporation Name
SOUTHERN LIFE AND HEALTH INSURANCE COMPANY

Principal Place of Business	Mailing Address
2101 HIGHLAND AVENUE P. O. BOX 671 BIRMINGHAM AL 35201	2101 HIGHLAND AVENUE P. O. BOX 671 BIRMINGHAM AL 35201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/04/1980
3a. Date of Last Report: 05/18/1994

2. Principal Place of Business
21 2101 Highland Avenue
22 Suite, Apt. #, etc.: Suite 200
23 City & State: Birmingham, AL
24 Zip: 35025 Country:

2a. Mailing Address
26 P. O. Box 55975
27 Suite, Apt. #, etc.:
28 City & State: Birmingham, AL
29 Zip: 35255-5975 30 Country:

4. FEI Number: 13-2933432 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	NETTER, EDWARD	12 NAME	
STREET ADDRESS	96 CUMMINGS POINT ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	14 CITY-ST-ZIP	
TITLE	XDX	21 TITLE	Vice President & Contr. ☒ Change ☐ Addition
NAME	XXXXX XXXXX X	22 NAME	Donna C. Nelson
STREET ADDRESS	2101 HIGHLAND AVENUE	23 STREET ADDRESS	2101 Highland Avenue Suite 200
CITY-ST-ZIP	BIRMINGHAM AL XX	24 CITY-ST-ZIP	Birmingham, AL 35205
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	KETTIG, DAVID T	32 NAME	
STREET ADDRESS	96 CUMMINGS POINT ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	LAPIN, STEVEN B	42 NAME	
STREET ADDRESS	96 CUMMINGS POINT ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	THUNG, ROY T	52 NAME	
STREET ADDRESS	96 CUMMINGS POINT ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Donna C. Nelson Donna C. Nelson 3-30-95 205-933-1160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #