

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 847623 (6)

1. Corporation Name

SOUTHERN LIFE AND HEALTH INSURANCE COMPANY

Principal Place of Business

2101 HIGHLAND AVENUE
STE 200
BIRMINGHAM AL 35025
US

Mailing Address

PO BOX 55975
BIRMINGHAM AL 35255
US



3. Date Incorporated or Qualified
12/04/1980

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

13-2933432

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent as to be if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NETTER, EDWARD
STREET ADDRESS 96 CUMMINGS POINT ROAD
CITY, ST, ZIP STAMFORD CT

TITLE VPC ☐ DELETE

NAME NELSON, DONNA C.
STREET ADDRESS 2101 HIGHLAND AVE STE 200
CITY, ST, ZIP BIRMINGHAM AL

TITLE S ☐ DELETE

NAME KETTING, DAVID T
STREET ADDRESS 96 CUMMINGS POINT ROAD
CITY, ST, ZIP STAMFORD CT

TITLE VD ☐ DELETE

NAME LAPIN, STEVEN B
STREET ADDRESS 96 CUMMINGS POINT ROAD
CITY, ST, ZIP STAMFORD CT

TITLE VD ☐ DELETE

NAME THUNG, ROY T
STREET ADDRESS 96 CUMMINGS POINT ROAD
CITY, ST, ZIP STAMFORD CT

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)