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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 847623 (6) SOUTHERN LIFE AND HEALTH INSURANCE COMPANY					
incipal Place	of Business	Mailing Address		I INDISEL KATAL DINNI HANNO NILIN KERDE I	1941 B1031 B1011 B1011 D1034 B1011 B1011 400
STE 200 BIRMINGHAN	and avenue M al 35025	PO BOX 55975 BIRMINGHAM AL 352 US	255		
US				3. Date incorporated or Qualified 12/04/1980	3a. Date of Last Report 04/05/1995
Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	#. etc.	Suite, Apt. #, etc.		13-2933432	Not Applicab \$8.75 Additional
		27		Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for inta	Added to rees
	25	29	30	Florida Statutes	□No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.		SYSTEM INC.		1000	
1201 H/	AYS STREET		82 Street A	Address (P.O. Box Number is Not Acceptable)	
SUITE 105			83		
TALLAHASSEE FL 32301		84 City		FL 85 Zip Code	
familiar wit	ed agent, or both, in the State of Flo in, and accept the obligations of, So	rida. Such chance was authori;	zed by the corporation's t	rporation submits this statement for the purpor board of directors. I hereby accept the appoint	se of changing its registered off trnent as registered agent. I am
familiar with	ed agent, or both, in the State of Ho in, and accept the obligations of, So Signature, typind or printed natural displacement agent. OFFICERS A	inda. Such change was authori, ction 607.0505, Florida Statute ecanomical application. (N ND DIRECTORS	red by the corporation's test. S. Diff Registered Agent signature re. 13.	board of directors. I hereby accept the appoint	trrent as registered agent. I am DATE RS AND DIRECTORS IN 12
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Doma C. Nelson 2-26-96 205-933-1160 SIGNATURE: