

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90058 010 \*\*\*150.00

**DOCUMENT # 847623**

1. Entity Name

**SOUTHERN LIFE AND HEALTH INSURANCE COMPANY**

Principal Place of Business

Mailing Address

2101 HIGHLAND AVENUE  
STE 200  
BIRMINGHAM AL 35205  
US

PO BOX 55975  
BIRMINGHAM AL 35255  
US

2. Principal Place of Business

600 University Park Place

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

City & State  
Homewood, AL

City & State

Zip  
35209

Country

US

Zip

Country

4. FEI Number 13-2933432

Applied For

Not Applicable

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

INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32399

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPC ☐ Delete  
NAME NELSON, DONNA C.  
STREET ADDRESS 2101 HIGHLAND AVE STE 200  
CITY-ST-ZIP BIRMINGHAM AL

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

TITLE S ☐ Delete  
NAME KETTIG, DAVID T  
STREET ADDRESS 96 CUMMINGS POINT ROAD  
CITY-ST-ZIP STAMFORD CT

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

TITLE VD ☐ Delete  
NAME LAPIN, STEVEN B  
STREET ADDRESS 96 CUMMINGS POINT ROAD  
CITY-ST-ZIP STAMFORD CT

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

TITLE VD ☐ Delete  
NAME THUNG, ROY T  
STREET ADDRESS 96 CUMMINGS POINT ROAD  
CITY-ST-ZIP STAMFORD CT

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

TITLE P ☐ Delete  
NAME GRABER, LARRY R  
STREET ADDRESS 2101 HIGHLAND AVENUE, SUITE 200  
CITY-ST-ZIP BRIMINGHAM AL 35205

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 11 or Block 12 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 #

CR2E034 (10/00)