

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90014 016 \*\*\*150.00

**DOCUMENT # 847623**

1. Entity Name  
**SOUTHERN LIFE AND HEALTH INSURANCE COMPANY**



**44011035**

Principal Place of Business  
**600 UNIVERSITY PARK PLACE, SUITE 300  
HOMWOOD, AL 35209 US**

Mailing Address  
**PO BOX 55975  
BIRMINGHAM, AL 35255 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032004

Chg-P

CR2E034 (10/03)

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

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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 **600 University Park Place Ste 300**  
STREET ADDRESS **Homewood, AL 35209**  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **SMITH, HENRY WILLIAM**  
STREET ADDRESS **96 CUMMINGS POINT ROAD**  
CITY-ST-ZIP **STAMFORD, CT 06902**

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 **BIRMINGHAM, AL 35205**

TITLE ☒ Change ☐ Addition  
NAME **600 University Park Place Ste 300**  
STREET ADDRESS **Homewood, AL 35209**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Donna C. Nelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Donna C. Nelson*

Date

*2-3-04*

Daytime Phone #

*205-444-3000*