


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 847623	
1. Entity Name SOUTHERN LIFE AND HEALTH INSURANCE COMPANY	

Principal Place of Business 600 UNIVERSITY PARK PLACE, SUITE 300 HOMEWOOD, AL 35209 US	Mailing Address PO BOX 55975 BIRMINGHAM, AL 35255 US
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02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2933432	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC NELSON, DONNA C. 600 UNIVERSITY PARK PLACE STE 300 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, HENRY WILLIAM 96 CUMMINGS POINT ROAD STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAPIN, STEVEN B 96 CUMMINGS POINT ROAD STAMFORD, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THUNG, ROY T 96 CUMMINGS POINT ROAD STAMFORD, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRABER, LARRY R 600 UNIVERSITY PARK PLACE STE 300 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/15/06-80037-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2-28-06 205-414-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #