

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2007 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**



02202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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, 2007 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

**DO NOT WRITE
IN THIS SPACE**

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03/07/07-80057-003 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donna C Nelson 2-20-07 205-414-3000