

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 A
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**



01182008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPC
NAME	NELSON, DONNA C.
STREET ADDRESS	600 UNIVERSITY PARK PLACE STE 300
CITY-ST-ZIP	BIRMINGHAM, AL 35209

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

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

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

TITLE	P
NAME	GRABER, LARRY R
STREET ADDRESS	600 UNIVERSITY PARK PLACE STE 300
CITY-ST-ZIP	BIRMINGHAM, AL 35209

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-08

205-414-3000