

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847623

FILED
Jan 10, 2012
Secretary of State

Entity Name: SOUTHERN LIFE AND HEALTH INSURANCE COMPANY

Current Principal Place of Business:

600 UNIVERSITY PARK PLACE, SUITE 300
HOMEWOOD, AL 35209 US

New Principal Place of Business:

Current Mailing Address:

600 UNIVERSITY PARK PLACE, SUITE 300
HOMEWOOD, AL 35209 US

New Mailing Address:

FEI Number: 13-2933432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPC
Name: NELSON, DONNA C.
Address: 600 UNIVERSITY PARK PLACE STE 300
City-St-Zip: BIRMINGHAM, AL 35209

Title: S
Name: SMITH, HENRY WILLIAM
Address: 96 CUMMINGS POINT ROAD
City-St-Zip: STAMFORD, CT 06902

Title: VD
Name: LAPIN, STEVEN B
Address: 96 CUMMINGS POINT ROAD
City-St-Zip: STAMFORD, CT 06902

Title: VD
Name: THUNG, ROY T
Address: 96 CUMMINGS POINT ROAD
City-St-Zip: STAMFORD, CT 06902

Title: P
Name: GRABER, LARRY R
Address: 600 UNIVERSITY PARK PLACE STE 300
City-St-Zip: BIRMINGHAM, AL 35209

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONNA C. NELSON

VP

01/10/2012

Electronic Signature of Signing Officer or Director

Date