

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002834

FILED
Jan 04, 2011
Secretary of State

Entity Name: SOUTHERN FINANCIAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

516 LAKEVIEW RD.
VILLA 2
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

516 LAKEVIEW RD.
VILLA 2
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-2403689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAKELY, DAVID
516 LAKEVIEW RD.
VILLA 2
CLEARWATER, FL 33756 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: PC
Name: WAKELY, DAVID N
Address: 516 LAKEVIEW RD. VILLA 2
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: WAKELY, STEVEN D
Address: 516 LAKEVIEW RD, VILLA 2
City-St-Zip: CLEARWATER, FL 33756

Title: TC
Name: WAKELY, DAVID N
Address: 516 LAKEVIEW RD., VILLA 2
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: WAKELY, FRANCES B
Address: 516 LAKEVIEW RD., VILLA 2
City-St-Zip: CLEARWATER, FL 33756

Title: S
Name: KARAGAS, VIRGINIA E
Address: 516 LAKEVIEW RD., VILLA 2
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: PIKE, SUSAN W
Address: 516 LAKEVIEW RD., VILLA 2
City-St-Zip: CLEARWATER, FL 33756

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: VIRGINIA E KARAGAS

S

01/04/2011

Electronic Signature of Signing Officer or Director

Date