

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03578 (2)

1. Corporation Name  
SOUTHERN PIONEER LIFE INSURANCE COMPANY

Principal Place of Business

216 W. MAIN STREET  
P.O. BOX 30  
TRUMANN AR 72472

Mailing Address

216 W. MAIN STREET  
P.O. BOX 30  
TRUMANN AR 72472-0030



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/03/1984

3a. Date of Last Report

03/18/1996

4. FEI Number

62-0754973

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or owner if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	HYNEMAN, BEN R	
STREET ADDRESS	216 W. MAIN	
CITY-ST-ZIP	TRUMANN AZ 72472	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HYNEMAN, HAL F	
STREET ADDRESS	216 W MAIN	
CITY-ST-ZIP	TRUMANN AZ 72472	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LINDSEY, ALFRED	
STREET ADDRESS	216 W. MAIN	
CITY-ST-ZIP	TRUMANN AZ 72472	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBINSON, BILLY	
STREET ADDRESS	216 W. MAIN	
CITY-ST-ZIP	TRUMANN AZ 72472	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	TEAL, JANE	
STREET ADDRESS	155 FRANKLIN RD #250	
CITY-ST-ZIP	BRENTWOOD TX	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EWERS, E. WILLIAM M	
STREET ADDRESS	155 FRANKLIN RD, STE 250	
CITY-ST-ZIP	BRENTWOOD TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*William M. Ewers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/97

Date

(501) 443-6355

Daytime Phone #

CR2E034 (9/96)