

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P03578**

1. Entity Name

**SOUTHERN PIONEER LIFE INSURANCE COMPANY****FILED****Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90088 019 \*\*\*150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **62-0754973**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER**  
**THE CAPITOL**  
**TALLAHASSEE FL 32301**

Name

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

City

**FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCD**  
**HYNEMAN, BEN R**  
**216 W. MAIN**  
**TRUMANN AZ 72472** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**HYNEMAN, HAL F**  
**216 W MAIN**  
**TRUMANN AZ 72472** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD**  
**LINDSEY, ALFRED**  
**216 W. MAIN**  
**TRUMANN AZ 72472** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD**  
**MOODY, JEFF**  
**216 W. MAIN**  
**TRUMANN AZ 72472** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jeff Moody*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/31/2000 (870) 483-6355  
Date Daytime Phone #