

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11387

FILED
Mar 13, 2006
Secretary of State

Entity Name: LIFE OF THE SOUTH INSURANCE COMPANY

Current Principal Place of Business:

205 DOGWOOD DRIVE
NASHVILLE, GA 31639

New Principal Place of Business:

Current Mailing Address:

205 DOGWOOD DRIVE
NASHVILLE, GA 31639

New Mailing Address:

FEI Number: 58-1458103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUSTON, CLARENCE H. (J
CLARENCE H. HOUSTON, JR., ESQ.
CONE, YOUNG, STEWART & HOUSTON, P.A.
JACKSONVILLE, FL 32204 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAW, LOYD LEVIN
Address: P.O. BOX 925/205 DOGWOOD DR.
City-St-Zip: NASHVILLE, GA 31639

Title: VD () Delete
Name: HAMIL, KENNETH NED.
Address: P.O. BOX 925/205 DOGWOOD DR.
City-St-Zip: NASHVILLE, GA 31639

Title: CFO () Delete
Name: HARDEGREE, DAVID L
Address: 100 WEST BAY ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: ST () Delete
Name: HARDEGREE, DAVID L
Address: 100 WEST BAY ST
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOYD LEVIN SHAW

PD

03/13/2006

Electronic Signature of Signing Officer or Director

_____ Date