## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11387

Entity Name: LIFE OF THE SOUTH INSURANCE COMPANY

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

205 DOGWOOD DRIVE 2350 PRINCE AVENUE NASHVILLE, GA 31639 BUILDING 1, SUITE 4 ATHENS, GA 30603

Current Mailing Address: New Mailing Address:

100 WEST BAY STREET JACKSONVILLE, FL 32202

FEI Number: 58-1458103 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: CT CORPORATION SYSTEM 03/18/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: PRFS (X) Change ( ) Addition BULLARD, WILLAIM D BULLARD, WILLAIM D Name: Name: 100 WEST BAY STREET 100 WEST BAY STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete Title: CEO (X) Change ( ) Addition Name: HAMIL, KENNETH NED. Name: KAHLBAUGH, RICHARD S

Address: P.O. BOX 925/205 DOGWOOD DR. Address: 100 WEST BAY STREET

City-St-Zip: NASHVILLE, GA 31639 City-St-Zip: JACKSONVILL, FL 32202

Title: CFO ( ) Delete Title: TRES (X) Change ( ) Addition Name: VRBAN, MICHAEL Name: VRBAN, MICHAEL

Title: S ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 SHORT, JOHN G
 Name:
 SHORT, JOHN G

 Address:
 100 WEST BAY ST
 100 WEST BAY ST
 100 WEST BAY ST

 City-St-Zip:
 JACKSONVILLE, FL 32202
 City-St-Zip:
 JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM DALE BULLARD PRES 03/18/2009