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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:57

DOCUMENT # **P30581** (3)

1. Corporation Name
SOUTHWIDE LIFE INSURANCE CORP.

Principal Place of Business Mailing Address
517 DEERING ST. BIRMINGHAM AL 35210 US **P. O. BOX 1045 BIRMINGHAM AL 35210-1045 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/01/1990	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		63-0839869	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23		28			<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE TREASURER & INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

B1	Name	
B2	Street Address (P.O. Box Number is Not Acceptable)	
B3		
B4	City	FL
B5	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 and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATLIFF, WILLIAM T., JR.	1.2 NAME	
STREET ADDRESS	1900 CRESTWOOD BLVD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	BIRMINGHAM AL	1.4 CITY, ST, ZIP	
TITLE	PD	2.1 TITLE	President, Treasurer, CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATLIFF, WILLIAM T., III	2.2 NAME	
STREET ADDRESS	1900 CRESTWOOD BLVD.	2.3 STREET ADDRESS	
CITY, ST, ZIP	BIRMINGHAM AL	2.4 CITY, ST, ZIP	
TITLE	SVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEXTON, RICHARD P., JR.	3.2 NAME	
STREET ADDRESS	517 DEERING ST	3.3 STREET ADDRESS	
CITY, ST, ZIP	BIRMINGHAM AL	3.4 CITY, ST, ZIP	
TITLE	EVPC	4.1 TITLE	Exec. Vice President, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHURST, DAVID W.	4.2 NAME	Secretary & COO
STREET ADDRESS	517 DEERING ST	4.3 STREET ADDRESS	
CITY, ST, ZIP	BIRMINGHAM AL	4.4 CITY, ST, ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHREE, ROGER D.	5.2 NAME	
STREET ADDRESS	1900 CRESTWOOD BLVD.	5.3 STREET ADDRESS	
CITY, ST, ZIP	BIRMINGHAM AL	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	Vice President & Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Michael R. Oswalt
STREET ADDRESS		6.3 STREET ADDRESS	517 Deering Street
CITY, ST, ZIP		6.4 CITY, ST, ZIP	Birmingham, AL 35210

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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 addendum with an address.

SIGNATURE: *Michael R. Oswalt* Michael R. Oswalt 04/03/95 (205)951-1043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

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OFFICERS AND DIRECTORS

7.1 SVP, ACTUARY
7.2 ROBERT E. KELL
7.3 517 DEERING STREET
7.4 BIRMINGHAM, AL 35210

8.1 VP
8.2 J. K. V. RATLIFF
8.3 1900 CRESTWOOD BLVD
8.4 BIRMINGHAM, AL 35210

9.1 VP
9.2 ROBBIE EARLEY
9.3 517 DEERING STREET
9.4 BIRMINGHAM, AL 35210