

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

*Page 182*

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P30581 (3)**

1. Corporation Name  
**SOUTHWIDE LIFE INSURANCE CORP.**



Principal Place of Business <b>517 DEERING ST.                  BIRMINGHAM AL 35210                  US</b>	Mailing Address <b>P. O. BOX 1845                  BIRMINGHAM AL 35210-1845                  US</b>
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<b>2.</b> Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	<b>2a.</b> Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	<b>3.</b> Date Incorporated or Qualified <b>08/01/1990</b> <b>3a.</b> Date of Last Report <b>04/13/1995</b> <b>4.</b> FEI Number <b>63-0839869</b> Applied For Not Applicable <b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>9. Name and Address of Current Registered Agent</b> <b>STATE TREASURER &amp; INSURANCE COMMISSIONER                  THE CAPITOL                  TALLAHASSEE FL 32399-0300</b>	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D RATLIFF, WILLIAM T., JR. 1900 CRESTWOOD BLVD. BIRMINGHAM AL	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PT RATLIFF, WILLIAM T., III 1900 CRESTWOOD BLVD. BIRMINGHAM AL	2.1 TITLE	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SVP SEXTON, RICHARD P., JR. 517 DEERING ST BIRMINGHAM AL	3.1 TITLE	SVP/ACTUARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	EVP WHITEHURST, DAVID W. 517 DEERING ST BIRMINGHAM AL	4.1 TITLE	EV/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V MURPHREE, ROGER D. 1900 CRESTWOOD BLVD. BIRMINGHAM AL	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VPC OSWALT, MICHAEL R. 517 DEERING STREET BIRMINGHAM AL	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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: *Michael Oswalt* MICHAEL RAY OSWALT 04/19/96 (205)951-1043

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Page 2 of 2

ADDITIONAL OFFICERS AND DIRECTORS

- 7.1 VPD
- 7.2 J. K. V. RATLIFF
- 7.3 1900 CRESTWOOD BLVD
- 7.4 BIRMINGHAM, AL 35210
  
- 8.1 VP
- 8.2 ROBBIE EARLEY
- 8.3 517 DEERING STREET
- 8.4 BIRMINGHAM, AL 35210