2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005
Secretary of State

DOCUMENT# P96000048677

Entity Name: SOUTHERN FAMILY INSURANCE COMPANY

Current Principal Place of Business:

TWO HARBOUR PLACE
302 KNIGHTS RUN AVENUE, SUITE 700
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

TWO HARBOUR PLACE
302 KNIGHTS RUN AVENUE, SUITE 700
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 59-3365558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: D ( ) Delete
Name: POE, CHARLES E
Address: 302 KNIGHTS RUN AVE. STE 700
City-St-Zip: TAMPA, FL 33602

Title: CCEO ( ) Delete
Name: WURDEMAN, JAMES E
Address: 302 KNIGHTS RUN AVE. STE 700
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: POE, WILLIAM F SR
Address: 302 KNIGHTS RUN AVE. STE 700
City-St-Zip: TAMPA, FL 33602

Title: DVC ( ) Delete
Name: POE, WILLIAM F JR.
Address: 302 KNIGHTS RUN AVE. STE 700
City-St-Zip: TAMPA, FL 33602

Title: STCF ( ) Delete
Name: MEDER, JAN JACOB
Address: 302 KNIGHTS RUN AVE. STE 700
City-St-Zip: TAMPA, FL 33602

Title: PD ( ) Delete
Name: KRZESINSKI, THOMAS S
Address: 302 KNIGHTS RUN AVE. STE 700
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CCEO (X) Change ( ) Addition
Name: WURDEMAN, JAMES E
Address: 302 KNIGHTS RUN AVE. STE 700
City-St-Zip: TAMPA, FL 33602

Title: PD (X) Change ( ) Addition
Name: DOLLAR, BOBBY C
Address: 302 KNIGHTS RUN AVE. STE 700
City-St-Zip: TAMPA, FL 33602

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

Title: D (X) Change ( ) Addition
Name: POE, WILLIAM F JR.
Address: 302 KNIGHTS RUN AVE. STE 700
City-St-Zip: TAMPA, FL 33602

Title: TD (X) Change ( ) Addition
Name: POE, CHARLES E
Address: 302 KNIGHTS RUN AVE. STE 700
City-St-Zip: TAMPA, FL 33602

Title: S (X) Change ( ) Addition
Name: KRZESINSKI, THOMAS S
Address: 302 KNIGHTS RUN AVE. STE 700
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS S. KRZESINSKI S 03/14/2005

Electronic Signature of Signing Officer or Director — Date