

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000048677

1. Entity Name  
SOUTHERN FAMILY INSURANCE COMPANY



Principal Place of Business  
TWO HARBOUR PLACE  
302 KNIGHTS RUN AVENUE, SUITE 700  
TAMPA, FL 33602 US

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3365558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

100101582271

05/04/07--01017--012 \*\*150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

PR 4/30

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO WURDEMAN, JAMES E 302 KNIGHTS RUN AVE. STE 700 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFP MEDER, JAN J 302 KNIGHTS RUN AVE. STE 700 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POE, WILLIAM F SR 302 KNIGHTS RUN AVE. STE 700 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POE, WILLIAM F JR. 302 KNIGHTS RUN AVE. STE 700 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POE, CHARLES E 302 KNIGHTS RUN AVE. STE 700 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRZESINSKI, THOMAS S 302 KNIGHTS RUN AVE. STE 700 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deputy Receiver Wayne Johnson 2020 Capital Circle SE, Suite 310 Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deputy Receiver Patti Turpin 2020 Capital Circle SE, Suite 310 Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deputy Receiver Mary Schwantes 2020 Capital Circle SE, Suite 310 Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deputy Receiver Robert J. Castellanos 2020 Capital Circle SE, Suite 310 Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deputy Receiver Allison Puckett 2020 Capital Circle SE, Suite 310 Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Special Deputy Receiver Michael J. Svaldi 2020 Capital Circle SE, Suite 310 Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with which I am empowered.

SPECIAL DEPUTY

SIGNATURE: Michael J. Svaldi MICHAEL J. SVALDI, RECEIVER 4/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 APR 27 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



IN THE CIRCUIT COURT OF THE  
SECOND JUDICIAL CIRCUIT, IN  
AND FOR LEON COUNTY, FLORIDA

In Re: The Receivership of  
SOUTHERN FAMILY  
INSURANCE COMPANY,  
A Florida Corporation

CIVIL ACTION NO.: 2006-1060

FLA BAR NO.:

05301

**FILED**  
CIRCUIT CIVIL DIV.  
06 APR 27 PM 12:59  
BOB INALF COURT  
CLERK  
LEON COUNTY, FLORIDA

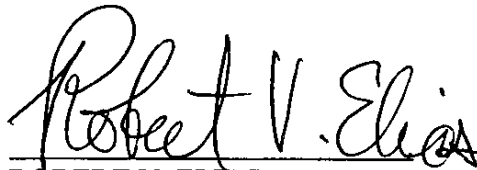
**NOTICE REGARDING DEPUTY RECEIVERS**

PLEASE TAKE NOTICE:

The State of Florida, Department of Financial Services as court-appointed Receiver of this company, pursuant to the provisions of Chapter 631, Florida Statutes, has designated Patti Turpin, of the Division of Rehabilitation and Liquidation, Mary Schwantes, of the Division of Rehabilitation and Liquidation, Robert J. Castellanos, of the Division of Rehabilitation and Liquidation, Wayne Johnson, of the Division of Rehabilitation and Liquidation and Allyson Puckett, of the Division of Rehabilitation and Liquidation.

Said individuals shall serve as Deputy Receivers until this appointment is revoked by notice filed with this Court. All prior appointments are hereby revoked.

DATED this 27<sup>th</sup> day of April, 2006.



ROBERT V. ELIAS  
ATTORNEY FOR THE RECEIVER  
POST OFFICE BOX 110  
TALLAHASSEE, FLORIDA 32302  
(850) 413-3179  
(850) 488-1510 FAX