2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2009
Secretary of State

DOCUMENT# P96000048677

Entity Name: SOUTHERN FAMILY INSURANCE COMPANY

Current Principal Place of Business:

2020 CAPITAL CIRCLE SE
SUITE 310
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

2020 CAPITAL CIRCLE SE
SUITE 310
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DR	( ) Delete
Name:	JOHNSON, WAYNE	
Address:	2020 CAPITAL CIRCLE SE, SUITE 310	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	DR	( ) Delete
Name:	TURPIN, PATTI	
Address:	2020 CAPITAL CIRCLE SE, SUITE 310	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	DR	( ) Delete
Name:	SCHWANTES, MARY	
Address:	2020 CAPITAL CIRCLE SE, SUITE 310	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	DR	(X) Delete
Name:	CASTELLANOS, ROBERT J	
Address:	2020 CAPITAL CIRCLE SE, SUITE 310	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	DR	( ) Delete
Name:	PUCKETT, ALLYSON	
Address:	2020 CAPITAL CIRCLE SE, SUITE 310	
City-St-Zip:	TALLAHASSEE, FL 32301	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PATTI TURPIN DR 09/15/2009

Electronic Signature of Signing Officer or Director Date