

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000048677

FILED
Jan 08, 2010
Secretary of State

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 (X)

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: DR
Name: JOHNSON, WAYNE
Address: 2020 CAPITAL CIRCLE SE, SUITE 310
City-St-Zip: TALLAHASSEE, FL 32301

Title: DR
Name: TURPIN, PATTI
Address: 2020 CAPITAL CIRCLE SE, SUITE 310
City-St-Zip: TALLAHASSEE, FL 32301

Title: DR
Name: SCHWANTES, MARY
Address: 2020 CAPITAL CIRCLE SE, SUITE 310
City-St-Zip: TALLAHASSEE, FL 32301

Title: DR
Name: PUCKETT, ALLYSON
Address: 2020 CAPITAL CIRCLE SE, SUITE 310
City-St-Zip: TALLAHASSEE, FL 32301

I hereby 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 all other like empowered.

SIGNATURE: PATTI TURPIN

DR

01/08/2010

Electronic Signature of Signing Officer or Director

Date

P960000486

1-8-10

Select Year: 2009

The 2009 Florida Statutes

[Title XXXVII](#)

[Chapter 631](#)

[View Entire Chapter](#)

INSURANCE INSURER INSOLVENCY; GUARANTY OF PAYMENT

631.231 Exemption from fees.--The department or office shall not be required to pay any fee to any public officer in this state for filing, recording, issuing a transcript or certificate, or authenticating any paper or instrument pertaining to the exercise by the department or office of any of the powers or duties conferred upon it under this chapter, whether or not such paper or instrument be executed by the department or office or their employees or attorneys of record and whether or not it is connected with the commencement of any action or proceeding by or against the department or office, or with the subsequent conduct of such action or proceeding.

History.--s. 739, ch. 59-205; ss. 13, 35, ch. 69-106; s. 809(1st), ch. 82-243; ss. 187, 188, ch. 91-108; s. 4, ch. 91-429; s. 1348, ch. 2003-261.