

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90337 005 ***150.00

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1. Entity Name

SOUTHERN FAMILY INSURANCE COMPANY



Principal Place of Business

**511 BAY ST
SUITE #400
TAMPA FL 33606
US**

Mailing Address

**511 BAY STREET
SUITE #400
TAMPA FL 33606
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3365558**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE STATE TREASURER & INSURANCE COMMISSION
THE CAPITOL BUILDING
TALLAHASSEE FL 32399**

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.

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **XX Director** ☐ Delete
NAME **POE, CHARLES E**
STREET ADDRESS **511 BAY ST., STE 400**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **Senior Vice President** ☐ Change ☒ Addition
NAME **Bobby C. Dollar**
STREET ADDRESS **511 W. Bay Street, Suite 400**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **C** ☐ Delete
NAME **WURDEMAN, JAMES E**
STREET ADDRESS **511 W BAY STREET, SUITE 400**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **CEO** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **POE, SR, WILLIAM F**
STREET ADDRESS **511 W BAY STREET, SUITE 400**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **Director** ☐ Change ☒ Addition
NAME **Keren P. Smith**
STREET ADDRESS **511 W. Bay Street, Suite 400**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **DVC** ☐ Delete
NAME **POE, WILLIAM F JR.**
STREET ADDRESS **206 LOCUST DR.**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **Director** ☐ Change ☒ Addition
NAME **Marilyn P. Lunskis**
STREET ADDRESS **511 W. Bay Street, Suite 400**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **STCF** ☐ Delete
NAME **MEDER, JAN JACOB**
STREET ADDRESS **511 W BAY STREET, SUITE 400**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **Director** ☐ Change ☒ Addition
NAME **Janice P. Mitchell**
STREET ADDRESS **511 W. Bay Street, Suite 400**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **D** ☐ Delete
NAME **KRZESINSKI, THOMAS S**
STREET ADDRESS **511 BAY STREET SUITE #400**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **President** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/29/03

813.259.4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan J. Meder

CR2E034 (10/02)