

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 847623

**Entity Name:** SOUTHERN LIFE AND HEALTH INSURANCE COMPANY**Current Principal Place of Business:**402 OFFICE PARK DRIVE  
SUITE 101  
MT BROOK, AL 35223**Current Mailing Address:**402 OFFICE PARK DRIVE  
SUITE 101  
MT BROOK, AL 35223 US**FEI Number:** 13-2933432**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US*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**Officer/Director Detail :**

Title	VPC
Name	NELSON, DONNA C.
Address	402 OFFICE PARK DRIVE SUITE 101
City-State-Zip:	MOUNTAIN BROOK AL 35223

Title	VD
Name	LAPIN, STEVEN B
Address	96 CUMMINGS POINT ROAD
City-State-Zip:	STAMFORD CT 06902

Title	P
Name	GRABER, LARRY R
Address	402 OFFICE PARK DRIVE SUITE 101
City-State-Zip:	MOUNTAIN BROOK AL 35223

Title	S
Name	SMITH, HENRY WILLIAM
Address	96 CUMMINGS POINT ROAD
City-State-Zip:	STAMFORD CT 06902

Title	VD
Name	THUNG, ROY T
Address	96 CUMMINGS POINT ROAD
City-State-Zip:	STAMFORD CT 06902

*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:** DONNA C. NELSON

VP AND CONTROLLER

03/06/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date