

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847623

Entity Name: SOUTHERN LIFE AND HEALTH INSURANCE COMPANY**Current Principal Place of Business:**13931 QUAIL POINTE DRIVE
OKLAHOMA CITY, OK 73134**Current Mailing Address:**13931 QUAIL POINTE DRIVE
OKLAHOMA CITY, OK 73134 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 PRESIDENT, DIRECTOR
Name HAGGARD, CARLETON BRENT
Address 13931 QUAIL POINTE DRIVE
City-State-Zip: OKLAHOMA CITY OK 73134

Title SENIOR VICE PRESIDENT,
TREASURER, DIRECTOR
Name HAY, LORENE ANNE
Address 13931 QUAIL POINTE DRIVE
City-State-Zip: OKLAHOMA CITY OK 73134

Title SENIOR VICE PRESIDENT,
SECRETARY, DIRECTOR
Name CONRAD, KYLE DOUGLAS
Address 13931 QUAIL POINTE DRIVE
City-State-Zip: OKLAHOMA CITY OK 73134

Title DIRECTOR
Name TAYLOR, STEVEN EDWARD
Address 13931 QUAIL POINTE DRIVE
City-State-Zip: OKLAHOMA CITY OK 73134

Title DIRECTOR
Name BAXTER, BRIAN LEE
Address 13931 QUAIL POINTE DRIVE
City-State-Zip: OKLAHOMA CITY OK 73134

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: KYLE D. CONRAD**SENIOR VICE
PRESIDENT, SECRETARY
AND GENERAL COUNSEL****01/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date