

1.) CORPORATION NAME: SOUTHLAND NATIONAL INSURANCE CORPORATION 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: AL	DUE DATE: 2/28/2013 SCC ID NO: F1413584 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,250,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,250,000
CLASS	AUTHORIZED				
COMMON	1,250,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1812 UNIVERSITY BLVD CITY/ST/ZIP: TUSCALOOSA, AL 35401

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PATRICIA DIANE BEALL TITLE: VP/SEC ADDRESS: 1812 UNIVERSITY BLVD CITY/ST/ZIP/CO: TUSCALOOSA, AL 35401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: VICKIE DESLATTES DAVIS TITLE: VP/TREAS ADDRESS: 1812 UNIVERSITY BLVD CITY/ST/ZIP/CO: TUSCALOOSA, AL 35401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMES E LEITNER, SR TITLE: EVP ADDRESS: 1812 UNIVERSITY BLVD CITY/ST/ZIP/CO: TUSCALOOSA, AL 35401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ VICKIE DESLATTES DAVIS	VICKIE DESLATTES DAVIS,	1/25/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.