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PROFIT CORPORATION ANNUAL REPORT **1997**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

J44312

(3)

J.M.I.C. LIFE INSURANCE COMPANY

FILED						
Apr 09 1997 8:00am						
Secretary of State						



Daine and Old	- I Division	44 olling Address						
Principal Pla	ace of Business	Mailing Address			, , , , , , , , , , , , , , , , , , , ,	***********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
100 NW 12TH AVE. 100 NW 12TH AVE.								
DEERFIELD	BEACH FL 33442-1702	LEGAL DEPT DEERFIELD BEACH FL 3	3442.1702					
		US	V-14-110E		3. Date Incorporated or Qualified	3a. Date of	Last R	eport
					11/26/1986	03/25/		
2. Principal	Place of Business	2a, Mailing Address			4. FEI Number	1 00/10/		plied For
21		26			86-0367818			t Applicable
Suite, Ap	ot #, etc.	Suite, Apt. #, etc.				\$		Additional
22		27			5. Certificate of Status Desired		Fee Re	
City & State		City & State	· · ·		6. Election Campaign Financing	9	5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zφ	Cou	ntry	a. This corporation has liability for i	ntangible tax	ınder s	. 199.032,
24	25	29	30			Yes N		
	 Name and Address of Curren 	nt Registered Agent			10. Name and Address of New Re	jistered Äger	ıt	
IN	ISURANCE COMMISSIONER			81 Name				
	HE CAPITOL BUILDING			82 Street Ad	Idress (P.O. Box Number is Not Acceptab	la)		
	ALLAHASSEE FL 32301			OII OCI AC	icress (i .o. box Humber is Not Acceptab	10)		
"	TEST WINDOLD I E DECE			83				· · · · · · · · · · · · · · · · · · ·
					,		1 -	
				64 City		FL 8	Zip	Code
11 Pursuar	nt to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the at	oove-named co	orporation submits this statement for the p		naina it	s registered
office of	r registered agent, or both, in the State	of Florida, Such change was	authorizer	d by the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	t the appointr	nent as	registered
		ations of, Section 607,0000, r	ionua stat	utes.				
SIGNATURE	Signature Typed or printed name of registered age	ent and title if applicable. (NO	TE: Repistere	Agent signature re	quired when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDIMONS/CHANGES TO OFFIC	ERS AND DIR	ECTOR	IS IN 12
TILE	DP	☐ DELETE	1.1 TI	LE			Change	Addition
NAME	REDUZZI, DAVID		12 N/	ME	1/ 610			
STREET ADDRESS			1.3 \$	REET ADDRESS	Sultlack	.1		
Dity - St - ZiP	DEERFIELD BEACH FL			TY-ST-ZIP	Journa Marie			
TITLE	DV	DELETE	2.1 %		_/		Change	Addition
NAME	HAYES, C. STEVEN	_	2.2 N/	Į.	· ·	_	•	
STREET ADDRESS	4 A A 4 1 1 2 2 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1			REET ADDRESS				
	DEERFIELD BEACH FL							
CITY-ST-ZIP	D DEEMILED DEAOUTE	DELETE	3.1 TI	ITY-ST-ZIP			Change	Addition
	RICH, LAWRENCE S.	X	3.2 N/				m.,Bo	-100111011
NAME		• •		1				
STREET ADDRESS	1 100 11 10 10 11 11 11 11 11 11 11 11 1			REET ADDRESS				
CITY-ST-ZiP	DEERFIELD BEACH FL	☐ DELETE		ITY-ST-ZIP			Chanco	Addition
THE	D DATE DATE OF	TTI DETELE	4.1 11			L	Change	LL MODINOR
NAME	MORAN, PATRICIA G.		4. 2 N					
STREET ADDRES	,		4.3 5	REET ADDRESS	•			
CITY - ST - ZIP	DEERFIELD BEACH FL			TY-ST-ZIP				
TITLE	D	☐ DELETE	5.1 TI			Ш	Change	Addition
NAME	FLORENCE, GERALD M.		5.2 N					
STREET ADDRES			5.3 S	REET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL		5.4 C	TY-ST-ZIP				
Tille	S	☐ DELETE	6.1 TI	TLE			Change	Addition Addition
NAME	WHELAN, JOHN J		6.2 N/	AME				
STREET ADORES			6.3 S	REET ADDRESS				
CITY-ST-ZIP	DEERFIELD BCH FL		6.4 C	TY-ST-ZIP	·			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR BRINNED NAME OF SKONING OFFICER OF DIRECTOR

3/21/97 954-420-4535

OFFICERS AND DIRECTORS WITH BUSINESS ADDRESS

J.M.I.C. Life Insurance Co.

Name	<u>Title</u>	Business
Colin W. Brown, Esq.	Director	100 NW 12th Avenue
	Executive Vice President & General Counsel	Deerfield Beach, FL 33442
William Curran	Assistant Treasurer	100 NW 12th Avenue
		Deerfield Beach, FL 33442
Casey L. Gunnell	Director	100 NW 12th Avenue
	Treasurer	Deerfield Beach, FL 33442
Maria K. Guttuso	Assistant Secretary	190 NW 12th Avenue
		Deerfield Beach, FL 33442
C. Steven Hayes	Director	190 N.W. 12th Avenue
	Senior Vice President	Deerfield Beach, FL 33442
Donna C. McWilliams	Assistant Treasurer	100 NW 12th Ave.
		Deerfield Beach, FL 33442
Patricia G. Moran	Director	100 NW 12th Avenue
		Deerfield Beach, FL 33442
David A. Reduzzi	Director	100 NW 12th Avenue
	President	Deerfield Beach, FL 33442
John J. Whelan	Secretary	100 NW 12th Avenue
		Deerfield Beach, FL 33442
James D. Williams	Vice President	100 NW 12th Avenue
Danies D. Williams	1100 trestagni	Deerfield Beach, FL 33442
		Destricte Descui to 33445