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Secretary of State

02-24-1999 90176 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J44312**

1. Corporation Name
J.M.I.C. LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
100 NW 12TH AVE. DEERFIELD BEACH FL 33442-1702	100 NW 12TH AVE. LEGAL DEPT DEERFIELD BEACH FL 33442-1702 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/26/1986

4. FEI Number: 86-0367818 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 100 NW 12th Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Deerfield Beach, FL
Zip 24 Country 25	Zip 29 33442 Country 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DP~~	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	~~REDUZZI, DAVID~~		1.2 NAME	Kenneth M. Czubay	
STREET ADDRESS	100 N.W. 12TH AVENUE		1.3 STREET ADDRESS	100 NW 12th Avenue	
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	DV	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HAYES, C. STEVEN		2.2 NAME	Colin W.Brown, Esq.	
STREET ADDRESS	100 N.W. 12TH AVENUE		2.3 STREET ADDRESS	100 NW 12th Avenue	
CITY-ST-ZIP	DEERFIELD BEACH FL		2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	VP	☐ DELETE	3.1 TITLE	D AT	☐ Change ☒ Addition
NAME	WILLIAMS, JAMES D.		3.2 NAME	William F. Curran	
STREET ADDRESS	100 NW 12TH AVE		3.3 STREET ADDRESS	100 NW 12th Avenue	
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4. CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	D	☐ DELETE	4.1 TITLE	AS	☐ Change ☒ Addition
NAME	MORAN, PATRICIA G.		4. 2 NAME	Maria K. Guttuso	
STREET ADDRESS	100 N.W. 12TH AVENUE		4.3 STREET ADDRESS	190 NW 12th Avenue	
CITY-ST-ZIP	DEERFIELD BEACH FL		4.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	~~D~~	☒ DELETE	5.1 TITLE	AT AVPF	☐ Change ☒ Addition
NAME	~~FLORENCE, GERALD M.~~		5.2 NAME	Donna C. McWilliams	
STREET ADDRESS	100 N.W. 12TH AVE		5.3 STREET ADDRESS	100 NW 12th Avenue	
CITY-ST-ZIP	DEERFIELD BEACH FL		5.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WHELAN, JOHN J		6.2 NAME		
STREET ADDRESS	100 NW 12TH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: [signature] John J. Whelan, Secretary 2-15-99 954-429-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)