2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90036 001 ***600.00

DOCUMENT # J44312

1. Entity 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. DEERFIELD BEACH FL 33442-1702 US

11343

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	111 NW 12th AVENUE Suite, Apt. #, etc. LEGAL Dept-JMFD018
City & State	City & State DEERFIELD Beach FL
Zip / Country	Zip 33442 / Country USA

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

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

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CZUBAY, KENNETH M 100 N.W. 12TH AVENUE DEERFIELD BEACH FL	☒ Delete	DP FEAGLES, LOUIS R. 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HAYES, C. STEVEN 100 N.W. 12TH AVENUE DEERFIELD BEACH FL	☒ Delete	D/SVP/AT CURRAN, WILLIAM F 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLIAMS, JAMES D. 100 NW 12TH AVE DEERFIELD BEACH FL	☐ Delete	D/VP/AT MCWILLIAMS DONNA C 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORAN, PATRICIA G. 100 N.W. 12TH AVENUE DEERFIELD BEACH FL	☐ Delete	AVP/AS GUTTMAN MARIA K 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, COLLIN W ESQ 100 N.W. 12TH AVE DEERFIELD BEACH FL 33442	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WHELAN, JOHN J 100 NW 12TH AVE DEERFIELD BCH FL	☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John J. Whelan SIGNATURE OF OFFICER OR DIRECTOR JOHN J. WHELAN SECRETARY 04/27/00 954-429-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #