2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J44312

Entity Name: J.M.I.C. LIFE INSURANCE COMPANY

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
100 JIM MORAN BLVD. DEERFIELD BEACH, FL 33442				500 JIM MORAN BLVD. DEERFIELD BEACH, FL 33442			
Current Mailing Address:				New Mailing Address:			
LEGAL DE	DRAN BLVD. PT MAIL DROP D BEACH, FL 3						
FEI Number:	86-0367818	FEI Number Applied For ()	FEI Num	ber Not Appli	cable () Certific	cate of Status Desired	()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE, FL 32301 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.							
SIGNATUR		Signature of Registered A	\aent			Date	
Election Cam		2)(b), F.S., the corporation did frust Fund Contribution(). ORS:		-	s. S/CHANGES TO OF	FICERS AND DIR	ECTORS:
Title: Name: Address: City-St-Zip:	PD () D FEAGLES, LOUIS 100 JIM MORAN I DEERFIELD BEA	BLVD		Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	VATD () D MCWILLIAMS, DO 100 JIM MORAN I DEERFIELD BEA	BLVD		Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	VP () D WILLIAMS, JAME 100 JIM MORAN I DEERFIELD BEA	BLVD		Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	D () D MORAN, PATRICI 100 JIM MORAN DEERFIELD BEA	BLVD		Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	D () D BROWN, COLIN N 100 JIM MORAN I DEERFIELD BEA	BLVD.		Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	S () D WHELAN, JOHN V 100 JIM MORAN I DEERFIELD BEA	BLVD.		Title: Name: Address: City-St-Zip:	VPGC (X) Change GUTTUSO, MARIA K 100 JIM MORAN BLVD. DEERFIELD BEACH, FI	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIA K GUTTUSO VPGC 05/01/2006