

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90014 014 \*\*\*150.00

**DOCUMENT # J44312**

1. Entity Name  
**J.M.I.C. LIFE INSURANCE COMPANY**



Principal Place of Business  
**500 JIM MORAN BLVD.  
 DEERFIELD BEACH, FL 33442**

Mailing Address  
**100 JIM MORAN BLVD.  
 LEGAL DEPT MAIL DROP JMDF018  
 DEERFIELD BEACH, FL 33442 US**

40043006



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03132007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number  
**86-0367818**

Applied For  
 Not Applicable

Zip Country

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEAGLES, LOUIS R 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VATD MCWILLIAMS, DONNA C 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, JAMES D 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, PATRICIA G 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, COLIN W 100 JIM MORAN BLVD. DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC GUTTUSO, MARIA K 100 JIM MORAN BLVD. DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

*V/GC/S  
 GUTTUSO, MARIA K  
 100 JIM MORAN BLVD  
 DEERFIELD BEACH FL 33442*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MARIA K GUTTUSO* **MARIA K GUTTUSO** *3/21/2007* **3/21/2007** *954-429-2000* **954-429-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40049087  
#J44312

**J.M.I.C. LIFE INSURANCE CO.**  
**Officers and Directors**  
**Federal ID #: 86-0367818**

**Directors**

Colin W. Brown  
Louis R. Feagles  
Mark S. Walter  
William F. Curran  
Ronald M. Coombs  
Donna C. McWilliams

**Officers**

Louis R. Feagles  
William F. Curran  
Ronald M. Coombs  
  
Donna C. McWilliams  
Maria K Guttuso  
Jorge E. Gonzalez  
Cheryl Scully  
Chris W. Costello

**Title**

President  
Senior Vice President/Chief Operating Officer  
Senior Vice President and Chief Financial Officer,  
Assistant Treasurer  
Vice President and Assistant Treasurer  
Vice President, General Counsel & Secretary  
Vice President, Corporate Taxes  
Treasurer  
Assistant Secretary

**ADDRESS OF OFFICERS AND DIRECTORS**

100 JIM MORAN BLVD.  
DEERFIELD BEACH FL 33442