

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90168 029 ***150.00

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DOCUMENT # J44312

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



Principal Place of Business
100 NW 12TH AVE.
DEERFIELD BEACH FL 33442-1702

Mailing Address
111 NW 12 AVENUE
LEGAL DEPT. JMFDF018
DEERFIELD BEACH FL 33442-1702
US



2. Principal Place of Business
100 JIM MORAN BLVD.
Suite, Apt. #, etc.

3. Mailing Address
100 JIM MORAN BLVD
Suite, Apt. #, etc. LEGAL DEPT
MAILDROP JMFDF018

☐ CHECK HERE IF MAKING CHANGES

City & State
DEERFIELD BEACH FL

City & State
DEERFIELD BEACH FL

4. FEI Number **86-0367818**

Applied For
Not Applicable

Zip **33442** **Country** **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	FEAGLES, LOUIS R	
STREET ADDRESS	100 N.W. 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPAD	☐ Delete
NAME	MCWILLIAMS, DONNA C	
STREET ADDRESS	100 N.W. 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VP	☐ Delete
NAME	WILLIAMS, JAMES D.	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	☐ Delete
NAME	MORAN, PATRICIA G.	
STREET ADDRESS	100 N.W. 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	☐ Delete
NAME	BROWN, COLLIN W ESQ	
STREET ADDRESS	100 N.W. 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	S	☐ Delete
NAME	WHELAN, JOHN J	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BCH FL	

TITLE	PD	☒ Change ☐ Addition
NAME	FEAGLES, LOUIS R.	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPAD	☒ Change ☐ Addition
NAME	MCWILLIAMS, DONNA C.	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VP	☒ Change ☐ Addition
NAME	WILLIAMS, JAMES D	
STREET ADDRESS	100 JIM MORAN BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	☒ Change ☐ Addition
NAME	MORAN, PATRICIA G.	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	☒ Change ☐ Addition
NAME	BROWN, COLIN W.	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	S	☒ Change ☐ Addition
NAME	WHELAN, JOHN J.	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN J. WHELAN
SECRETARY 04/24/03 954-420-4617

CR2E034 (10/02)