

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 009456 (5)

1. Corporation Name

THE INDEPENDENT LIFE AND ACCIDENT INSURANCE COMP
ANY



Principal Place of Business

ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32276

Mailing Address

ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32276

3. Date Incorporated or Qualified
03/01/1920

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32399

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

Signature, typed or printed name of registered agent or officer or director

Signature, typed or printed name of registered agent or officer or director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CD
LYON, WILFORD C., JR.
ONE INDEPENDENT DR
JACKSONVILLE FL

XX DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
LYON, BOYD E.
ONE INDEPENDENT DR
JACKSONVILLE FL

XX DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
SITTIG, JOHN J.
ONE INDEPENDENT DR.
JACKSONVILLE FL

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
BRYAN, JACOB F., IV
ONE INDEPENDENT DR
JACKSONVILLE FL

XX DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BRYAN, G. H.
ONE INDEPENDENT DR
JACKSONVILLE FL

XX DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SVD
BRYAN, KENDALL G
ONE INDEPENDENT DRIVE
JACKSONVILLE FL

XX DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

C
D'Agostino, James S. Jr
American General Center
Nashville, TN 37250

XX Change □ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

P
Kelley, Joe
One Independent Drive
Jacksonville, FL 32276

XX Change □ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

□ Change □ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

T
Barrett, Kent E.
American General Center
Nashville, TN 37250

XX Change □ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

□ Change □ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

□ Change □ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4/16/96

(615)749-1756

CR2E034 (12/95)