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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT	1
 Corporation Name 	

009456

(5)

THE INDEPENDENT LIFE AND ACCIDENT INSURANCE COMP ANY

Principal Place of Business Mailing Address ONE INDEPENDENT DRIVE ONE INDEPENDENT DRIVE JACKSONVILLE FL 32276 JACKSONVILLE FL 32276 3a. Date of Last Report 3. Date Incorporated or Qualified 04/26/1995 03/01/1920 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-0302660 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip ¥ Yes □ No Florida Stalutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name THE INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BLDG. 83 TALLAHASSEE FL 32399 Zip Code 85 City 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 bound of directors, I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Signature, typed or portred ratherol registered a jet the intitle in application (NOTE: Registered Agent signature required when renistating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition XXDELETE 1.1 DOLE TITLE LYON, WILFORD C., JR. 1.2 NAME D'Agostino, James S. Jr NAME ONE INDEPENDENT DR 1.3 STREET ADDRESS American General Center STREET ADDRESS JACKSONVILLE FL 14 CITY-ST-ZIP Nashville, TN 37250 CITY-ST-ZIP Cnange Addition XX DELETE 2.11/06 P TITLE LYON, BOYD E. 2.2 NAME Kelley, Joe NAME ONE INDEPENDENT DR One Independent Drive 2.3 STREET ADORESS STREET ADDRESS JACKSONVILLE FL 2.4 CITY - ST - ZIP Jacksonville, FL 32276 CITY-ST-ZIP Change DELETE 3 1 MILF TITLE SITTIG, JOHN J. 3.2 NAME NAME ONE INDEPENDENT DR. 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 3.4 CITY - ST - ZiP CITY-ST-ZIP ☐ Addition XX DELETE **XX** Change 4 1 THE PN TITLE BRYAN, JACOB F., IV 4.2 NAME Barrett, Kent E. NAME American General Center ONE INDEPENDENT DR 4.3 STREET ADDRESS STREET ADDRESS Nashville, TN 37250 JACKSONVILLE FL 4.4 CHY-ST-ZIE CITY-ST-ZIP Change Add-tion XX DELETE 5 1 THE TITLE BRYAN, G. H 5.2 NAME ONE INDEPENDENT DR 5.3 STREET ADORESS STREET ADDRESS JACKSONVILLE FL 54 CITY - ST-ZIP CITY-ST-ZIP ■ Addition Change | XX DELETE SVD 6 1 MILE TIFLE BRYAN, KENDALL G 6.2 NAME ONE INDEPENDENT DRIVE 6.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 6 4 C-TY - ST - ZIP CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 to the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name

SIGNATURE:

appears in Block 12 or Block 1

4/16/96

(615)749-1756

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