

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Jan 24, 2004 08:00 AM  
Secretary of State

**DOCUMENT # 811341**  
1. Entity Name  
CONSTITUTION LIFE INSURANCE COMPANY



Principal Place of Business  
600 COURTLAND ST.  
SUITE 400  
ORLANDO, FL 32804-1352 US

Mailing Address  
P.O. BOX 4955  
ORLANDO, FL 32802-4955 US



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-1824600

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPCE
NAME	BRYANT, GARY W
STREET ADDRESS	600 COURTLAND ST
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	DSVP
NAME	GRAY, DONALD M
STREET ADDRESS	600 COURTLAND ST
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	DSVP
NAME	WAEGELEIN, ROBERT A
STREET ADDRESS	600 COURTLAND ST
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	DSVP
NAME	COLLIFOWER, MICHAEL A
STREET ADDRESS	600 COURTLAND ST.
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	VP
NAME	COCHRANE, CARL L
STREET ADDRESS	600 COURTLAND ST.
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	AS
NAME	BAKER, JANICE
STREET ADDRESS	600 COURTLAND ST
CITY-ST-ZIP	ORLANDO, FL 32807

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01/26/04-80018-002 150.00

**DO NOT WRITE IN THIS SPACE**

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: Janice Baker, Asst. Secretary 11/5/04 407-628-1776, 8684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone \*