


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	
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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
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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 <input type="checkbox"/>	\$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 NAME STREET ADDRESS CITY-ST-ZIP	DPCE BRYANT, GARY W 600 COURTLAND ST ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP GRAY, DONALD M 600 COURTLAND ST ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP WAEGELEIN, ROBERT A 600 COURTLAND ST ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP COLLIFOWER, MICHAEL A 600 COURTLAND ST. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COCHRANE, CARL L 600 COURTLAND ST. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BAKER, JANICE 600 COURTLAND ST 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 115104 407-6281776, 8684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #