

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90055 024 ***150.00

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	
2. Principal Place of Business 1001 Heathrow Park Lane Suite, Apt. #, etc. 5001		3. Mailing Address PO Box 958465 Suite, Apt. #, etc.	
City & State Lake Mary, FL		City & State Lake Mary, FL	
Zip 32746		Zip 32795-8465	
Country USA		Country USA	
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		7. Name and Address of New Registered Agent 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE BRYANT, GARY W 600 COURTLAND ST ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE Bryant, Gary W 1001 Heathrow Park Lane, Ste 5001 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP GRAY, DONALD M 600 COURTLAND ST ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP Gray, Donald M 1001 Heathrow Park Lane, Ste 5001 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP WÄEGELEIN, ROBERT A 600 COURTLAND ST ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP Waegelkin, Robert A 1001 Heathrow Park Lane, Ste 5001 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP COLLIFOWER, MICHAEL A 600 COURTLAND ST. ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP Colliflower, Michael A 1001 Heathrow Park Lane, Ste 5001 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COCHRANE, CARL L 600 COURTLAND ST. ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cochrane, Carl L 1001 Heathrow Park Lane, Ste 5001 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BAKER, JANICE 600 COURTLAND ST ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Baker, Janice 1001 Heathrow Park Lane, Ste 5001 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Janice Baker, Asst. Secretary</u>		Date: <u>12/1/05 4:07-6:28 1776</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>888-89</u>	

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