

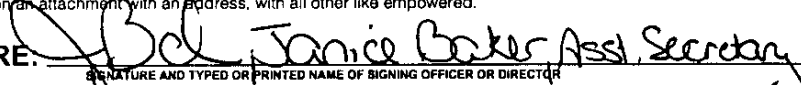


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90116 023 ***150.00

DOCUMENT # 811341							
1. Entity Name CONSTITUTION LIFE INSURANCE COMPANY							
Principal Place of Business 1001 HEATHROW PARK LANE, STE 5001 LAKE MARY, FL 32746 US			Mailing Address P.O. BOX 958465 LAKE MARY, FL 32795-8465 US				
2. Principal Place of Business		3. Mailing Address		<p>40004978</p>  <p>01112006 Chg-P CR2E034 (11/05)</p>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
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			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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, 2006 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	DPC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BRYANT, GARY W		NAME				
STREET ADDRESS	1001 HEATHROW PARK LANE, STE 5001		STREET ADDRESS				
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP				
TITLE	DSVT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GRAY, DONALD M		NAME				
STREET ADDRESS	1001 HEATHROW PARK LANE, STE 5001		STREET ADDRESS				
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP				
TITLE	DEVP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WAEGELEIN, ROBERT A		NAME	D E V P Waegelin, Robert A			
STREET ADDRESS	1001 HEATHROW PARK LANE, STE 5001		STREET ADDRESS	6 International Dr - Ste 190			
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	Rye Brook, NY 10573			
TITLE	DSVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	COLLIFLOWER, MICHAEL A		NAME	D S V P Cushman, William H			
STREET ADDRESS	1001 HEATHROW PARK LANE, STE 5001		STREET ADDRESS	6 International Dr - Ste 190			
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	Rye Brook, NY 10573			
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COCHRANE, CARL L		NAME				
STREET ADDRESS	1001 HEATHROW PARK LANE, STE 5001		STREET ADDRESS				
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BAKER, JANICE		NAME				
STREET ADDRESS	1001 HEATHROW PARK LANE, STE 5001		STREET ADDRESS				
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 1/11/06 407-995-8000 8184				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date				