


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-23-2006 90116 023 \*\*\*150.00

<b>DOCUMENT # 811341</b> 1. Entity Name <b>CONSTITUTION LIFE INSURANCE COMPANY</b>					
Principal Place of Business <b>1001 HEATHROW PARK LANE, STE 5001 LAKE MARY, FL 32746 US</b>			Mailing Address <b>P.O. BOX 958465 LAKE MARY, FL 32795-8465 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
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 Waegelein, 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.					
<b>SIGNATURE:</b> <i>Janice Baker</i> <b>Janice Baker, Asst. Secretary 1/11/06 407-995-8000 8184</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40004978



01112006 Chg-P CR2E034 (11/05)

4. FEI Number  
**36-1824600**

Applied For  
Not Applicable

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