

2007 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 17 PM 3:15

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		09142007 Chg-P CR2E034 (12/06)	
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 Now 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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	DPC BRYANT, GARY W 1001 HEATHROW PARK LANE, STE 5001 LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Squarok 1001 Heathrow Park Lane Ste. 5001 Lake Mary, FL 32746		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVT <input checked="" type="checkbox"/> Delete GRAY, DONALD M 1001 HEATHROW PARK LANE, STE 5001 LAKE MARY, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steven B. Najjar EVP + Secretary 1001 Heathrow Park Lane Ste. 5001 Lake Mary, FL 32746		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP <input type="checkbox"/> Delete WAEGELEIN, ROBERT A 6 INTERNATIONAL DR SUITE 190 RYE BROOK, NY 10573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300109712213 09/20/07--01040--019 **550.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP <input checked="" type="checkbox"/> Delete CUSHMAN, WILLIAM H 6 INTERNATIONAL DR SUITE 190 RYE BROOK, NY 10573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete COCHRANE, CARL L 1001 HEATHROW PARK LANE, STE 5001 LAKE MARY, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Delete BAKER, JANICE 1001 HEATHROW PARK LANE, STE 5001 LAKE MARY, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 9/17/07		
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 another like empowered.					
SIGNATURE:		Date: Ass Sec. 9-14-07 (407) 945-8000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Daytime Phone # _____			