


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90033 032 ***150.00

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1. Entity Name
CONSTITUTION LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address
1001 HEATHROW PARK LANE, STE 5001 **P.O. BOX 958465**
LAKE MARY, FL 32746 US **LAKE MARY, FL 32795-8465 US**

40039143



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02152008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
36-1824600 Not Applicable

5. Certificate of Status Desired **\$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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> Delete
NAME	BRYANT, GARY W	
STREET ADDRESS	1001 HEATHROW PARK LANE, STE 5001	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	EV	<input type="checkbox"/> Delete
NAME	SQUAROK, JOHN	
STREET ADDRESS	1001 HEATHROW PARK LANE, STE 5001	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	WAEGELEIN, ROBERT A	
STREET ADDRESS	6 INTERNATIONAL DR SUITE 190	
CITY-ST-ZIP	RYE BROOK, NY 10573	
TITLE	EVS	<input type="checkbox"/> Delete
NAME	NAJJAR, STEVEN B	
STREET ADDRESS	1001 HEATHROW PARK LANE, STE 5001	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	V	<input type="checkbox"/> Delete
NAME	COCHRANE, CARL L	
STREET ADDRESS	1001 HEATHROW PARK LANE, STE 5001	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied in 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, and all other like empowered.

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **Date** _____ **Daytime Phone #** _____