

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90063 014 ***150.00

DOCUMENT # 824954

1. Corporation Name

CONCORD GENERAL LIFE INSURANCE COMPANY, INC.

Principal Place of Business

ONE PILLSBURY SQ
CONCORD NEW HAMPSHIRE 03302-2020
US

Mailing Address

1776 AHL SE
JACKSONVILLE FL 32224-6688
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1970

4. FEI Number

02-0268648

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIERS, DAVID
BELL, HAHN, SCHUSTER, WHEELER & WILLIAMS
119 WEST GARDEN STREET (P.O. BOX 12564)
PENSACOLA FL 32501

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
PATZ, LAWRENCE C
ONE PILLSBURY STREET
CONCORD, N H 03301 03302

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CD
O'NEAL DOUGLAS, T
1776 AMERICAN HERITAGE LIFE DR
JACKSONVILLE FL 32224

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VCD
MOREHEAD, RICHARD C
1776 AMERICAN HERITAGE LIFE DR
JACKSONVILLE FL 32224

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
ANDERSON, JOHN K JR
1776 AMERICAN HERITAGE LIFE DR
JACKSONVILLE FL 32224

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VSD
PHIPPS, VIRGINIA
ONE PILLSBURY STREET
CONCORD, NH 03301 03302

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
LEIBY, JOHN S
ONE PILLSBURY STREET
CONCORD, NH 03301 03302

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Chris A. Verlander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99 (904) 992-1776

CR2E034(11/98)