

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

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

04-26-1999 90063 014 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 824954**

1. Corporation Name  
**CONCORD GENERAL LIFE INSURANCE COMPANY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**ONE PILLSBURY SQ  
 CONCORD NEW HAMPSHIRE 03302-2020  
 US**

Mailing Address  
**1776 AHL SE  
 JACKSONVILLE FL 32224-6688  
 US**

3. Date Incorporated or Qualified  
**08/18/1970**

4. FEI Number  
**02-0268648**

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

6. Election Campaign Financing Trust Fund Contribution  **\$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  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25 29 30

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

9. Name and Address of Current Registered Agent  
**HIERS, DAVID  
 BELL, HAHN, SCHUSTER, WHEELER & WILLIAMS  
 119 WEST GARDEN STREET (P.O. BOX 12564)  
 PENSACOLA FL 32501**

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PATZ, LAWRENCE C	
STREET ADDRESS	ONE PILLSBURY STREET	
CITY-ST-ZIP	CONCORD, N H 03301 03302	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	O'NEAL DOUGLAS, T	
STREET ADDRESS	1776 AMERICIAN HERITAGE LIFE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	MOREHEAD, RICHARD C	
STREET ADDRESS	1776 AMERICIAN HERITAGE LIFE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ANDERSON, JOHN K JR	
STREET ADDRESS	1776 AMERICIAN HERITAGE LIFE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	PHIPPS, VIRGINIA	
STREET ADDRESS	ONE PILLSBURY STREET	
CITY-ST-ZIP	CONCORD, NH 03301 03302	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEIBY, JOHN S	
STREET ADDRESS	ONE PILLSBURY STREET	
CITY-ST-ZIP	CONCORD, NH 03301 03302	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **Chris A. Verlander** (904) 992-1776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)