

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Apthorn
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 830014 (7)

1. Corporation Name

FORTUNE LIFE INSURANCE COMPANY

Principal Place of Business

P O BOX 10151
JACKSONVILLE FL 32247-7151

Mailing Address

P O BOX 10151
JACKSONVILLE FL 32247-7151

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/30/1973

3a. Date of Last Report

02/02/1994

4. FEI Number

59-1388340

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MCCORKLE, ALLAN J.
10475-110 FORTUNE PKWY
JACKSONVILLE FL 32256**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

SMITH, ROBERT L.

STREET ADDRESS

10450 SAN JOSE BLVD. 3

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

S

NAME

MESSER, NANCY J.

STREET ADDRESS

10475-110 FORTUNE PKWY

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

TD

NAME

MARTIN, KEITH E.

STREET ADDRESS

10475-110 FORTUNE PKWY

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

D

NAME

MCCORKLE, ALLAN J.

STREET ADDRESS

10475-110 FORTUNE PKWY

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

D

NAME

THOMAS, ROBERT

STREET ADDRESS

220 S. RIDGEWOOD AVE.

CITY - ST - ZIP

DAYTONA FL

TITLE

D

NAME

GLENN, PAUL M.

STREET ADDRESS

10475-110 FORTUNE PKWY

CITY - ST - ZIP

JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☒ Addition

☒ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Joseph M. Best
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 9045636339
DATE AND TELEPHONE NUMBER