

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90795 035 ***150.00

DOCUMENT # 830014

1. Entity Name

FORTUNE LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

P O BOX 10151
 JACKSONVILLE FL 32247-7151

P O BOX 10151
 JACKSONVILLE FL 32247-0151

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1388340**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STINSON, THOMAS L
10475-110 FORTUNE PKWY
JACKSONVILLE FL 32256

Name **Mark P. Brockelman**
 Street Address (P.O. Box Number is Not Acceptable)
10475-103 Fortune Parkway
 City **Jacksonville** **FL** Zip Code **32256**

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.

Vice President and Chief Financial Officer

SIGNATURE *Mark P. Brockelman*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Mark P. Brockelman *4/13/00*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT L.	
STREET ADDRESS	10450 SAN JOSE BLVD. 3	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, ROBERT III	
STREET ADDRESS	10475-110 FORTUNE PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	S	<input type="checkbox"/> Delete
NAME	PURCELL, CARLENA E.	
STREET ADDRESS	10475 110 FORTUNE PKWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARRITY, MICHAEL J	
STREET ADDRESS	10475-110 FORTUNE PKWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SANDERS, DUANE A.	
STREET ADDRESS	10475-110 FORTUNE PKWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Robert L.	
STREET ADDRESS	1200 Riverplace Blvd, Suite 900	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. John Wortman	
STREET ADDRESS	10475-103 Fortune Parkway	
CITY-ST-ZIP	Jacksonville, FL 32256	
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		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carlena E. Purcell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/13/00

Daytime Phone #

(904) 363-12339

CR2E034 (9/99)