


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90014 011 ***150.00

DOCUMENT # F02000000990 1. Entity Name CNL/INSURANCE AMERICA, INC.					
Principal Place of Business 2960 RIVERSIDE DRIVE MACON, GA 31204			Mailing Address P.O. BOX 6097 MACON, GA 31208-6097		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-1761968	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P KELLY, ERNEST D 2960 RIVERSIDE DRIVE MACON, GA 31204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD KELLY, ERNEST DOYLE 2960 RIVERSIDE DRIVE MACON, GA 31204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V GREENE, CHRISTOPHER R 2960 RIVERSIDE DRIVE MACON, GA 31204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD GREENE, CHRISTOPHER ROBERT 2960 RIVERSIDE DRIVE MACON, GA 31204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	ST MCGOLDRICK, DONNA KAY 2960 RIVERSIDE DRIVE MACON, GA 31204 <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ADDITIONAL SHEETS FOR ADDITIONS TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	CD BARTON, JOHN R ONE AMERICAN SQUARE INDIANAPOLIS, IN 462820001 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D STUTLER, KEVIN P ONE AMERICAN SQUARE INDIANAPOLIS, IN 462820001 <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D SHOVER, SCOTT M ONE AMERICAN SQUARE INDIANAPOLIS, IN 462820001 <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Chris Greene VP/CFO Chris Greene</i> 1/7/04 478-477-0400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment

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CNL/Insurance America, Inc.
Additions to Officers and Directors

Addition:

Title: V
Name Daniels, James Keath
Street Address 2960 Riverside Drive
City-ST-Zip Macon, GA 31204

Addition:

Title: V
Name Datillo, John August
Street Address 2960 Riverside Drive
City-ST-Zip Macon, GA 31204

Addition:

Title: V
Name McClellan, Terry Acton
Street Address 2960 Riverside Drive
City-ST-Zip Macon, GA 31204

Addition:

Title: V
Name Petersen, Carswell Hannon
Street Address 2960 Riverside Drive
City-ST-Zip Macon, GA 31204

Addition:

Title: D
Name Lund, Constance Ellen
Street Address One American Square
City-ST-Zip Indianapolis, IN 46282-0001

Addition:

Title: D
Name Plummer, Jerry Lee
Street Address One American Square
City-ST-Zip Indianapolis, IN 46282-0001

Addition:

Title: D
Name Semler, Jerry Doran
Street Address One American Square
City-ST-Zip Indianapolis, IN 46282-0001

Attachment

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Addition:

Title: SD
Name: Zurek, Thomas Michael
Street Address: One American Square
City-ST-Zip: Indianapolis, IN 46282-0001

Addition:

Title: D
Name: Molendorp, Dayton
Street Address: One American Square
City-ST-Zip: Indianapolis, IN 46282-0001