

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:06

DOCUMENT # **J99448** (9)

1. Corporation Name
FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.

Principal Place of Business Mailing Address
8665 BAYPINE RD 8665 BAYPINE RD
JACKSONVILLE FL 32256-7533 JACKSONVILLE FL 32256-7533

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
10/29/1987 01/25/1994

4. FEI Number Applied For
59-2876465 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 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

INSURANCE COMMISSIONER OF FLORIDA 81 Name
THE CAPITOL BLDG 82 Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32304 83
84 City 85 Zip Code **FL**

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 reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLAHERTY, WILLIAM E.	1.2 NAME	
STREET ADDRESS	12316 MANDARIN RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	32223
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAGNI, BRUCE N	2.2 NAME	
STREET ADDRESS	2307 GREENSIDE COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	2.4 CITY - ST - ZIP	32082
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAVINO, ANTONIO J	3.2 NAME	
STREET ADDRESS	546 GULFSTREAM CIRCLE N.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL	3.4 CITY - ST - ZIP	32073
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAScone, MICHAEL, JR	4.2 NAME	
STREET ADDRESS	1255 ESTORIL DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	8022 James Island Trail 32256
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALLAIS, ROBERT A.	5.2 NAME	
STREET ADDRESS	12460 LYDIA WOODS COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	32258
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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(b)(4), 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 addition.

SIGNATURE: Robert A. Pallais, Treasurer 1/24/95

WRITE OR TYPE FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Signer's Name) (Signature Date)

FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.

Officers & Directors (Continued)

ITEM #12 AND #13

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY & STATE</u>
D	ALBRIGHT, THOMAS E.	8132 Welkiva Way	Jacksonville Florida 32256
D	AUSLEY, CHARLES DUBOSE	3212 Thomasville Road	Tallahassee Florida 32212
D	MCLIN, WALTER S. III	5415 Banana Pointe Drive	Okahumpka Florida 34762
P/D	LIPTAK, WALTER T.	3205 Old Barn Court	Ponte Vedra Beach Florida 32082
D	DAVIDSON, BRUCE A.	505 Lancaster Street 12-C	Jacksonville Florida 32204
V	SIMMONS, D. RANDY	4333 Charleston Lane	Jacksonville Florida 32210
V	OUGH, SIDNEY W.	4368 Banks Road	Middleburg Florida 32068