

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanna B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J99448** (9)
1. Corporation Name
FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.



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

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **10/29/1987** 3a. Date of Last Report: **02/21/1995**
4. FEI Number: **59-2876465** 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

9. Name and Address of Current Registered Agent: **INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL BLDG TALLAHASSEE FL 32304**
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.09(1)(c) 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 6-17.09(2), Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	CD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	FLAHERTY, WILLIAM E.	2. NAME	
3. STREET ADDRESS	12316 MANDARIN RD	3. STREET ADDRESS	
4. CITY, STATE, ZIP	JACKSONVILLE FL	4. CITY, STATE, ZIP	
5. TITLE	S	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	BAGNI, BRUCE N	6. NAME	
7. STREET ADDRESS	2307 GREENSIDE COURT	7. STREET ADDRESS	
8. CITY, STATE, ZIP	PONTE VEDRA BEACH FL	8. CITY, STATE, ZIP	
9. TITLE	D	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	FAVINO, ANTONIO J	10. NAME	
11. STREET ADDRESS	546 GULFSTREAM CIRCLE N.	11. STREET ADDRESS	
12. CITY, STATE, ZIP	ORANGE PARK FL	12. CITY, STATE, ZIP	
13. TITLE	D	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	CASCONE, MICHAEL, JR	14. NAME	
15. STREET ADDRESS	8022 JAMES ISLAND TRAIL	15. STREET ADDRESS	
16. CITY, STATE, ZIP	JACKSONVILLE FL	16. CITY, STATE, ZIP	
17. TITLE	T	17. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	PALLAIS, ROBERT A.	18. NAME	
19. STREET ADDRESS	12480 LYDIA WOODS COURT	19. STREET ADDRESS	
20. CITY, STATE, ZIP	JACKSONVILLE FL	20. CITY, STATE, ZIP	
21. TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY, STATE, ZIP		24. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 its 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, unchanged, or on an attachment with an address.

SIGNATURE: Robert A. Pallais, V.P. & Treasurer (904) 730-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2/06/96

CR2E034 (12/95)

FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.
Officers and Directors (Continued)

12. Officers and Directors		13. Add/Chgs To Officers and Directors	
Title Name Street Address City-St-Zip	D ALBRIGHT, THOMAS E 8132 WEKIVA WAY JACKSONVILLE FL 32256	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	D AUSLEY, CHARLES DUBOSE 3212 THOMASVILLE ROAD TALLAHASSEE FL 32212	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	D MCLIN, WALTER S. III 5415 BANANA POINTE DR OKAHUMPKA FL 34762	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	P/D LIPTAK, WALTER T 3205 OLD BARN COURT PONTE VEDRA BCH FL 32082	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	D DAVIDSON, BRUCE A 505 LANCASTER ST, 12-C JACKSONVILLE FL 32204	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	V SIMMONS, D RANDY 4333 CHARLESTON LANE JACKSONVILLE FL 32210	Title Name Street Address City-St-Zip	V <input checked="" type="checkbox"/> Chg <input type="checkbox"/> Add SIMMONS, D RANDEL 6710 COLLINS ROAD APT 314 JACKSONVILLE FL 32244
Title Name Street Address City-St-Zip	V OUGH, SIDNEY W 4368 BANKS ROAD MIDDLEBURG FL 32068	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	D <input type="checkbox"/> Chg <input checked="" type="checkbox"/> Add RICHARDS, CHARLES R 44 VILLAGE WALK DRIVE PONTE VEDRA BCH FL 32082