

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 03 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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

Principal Place of Business: Mailing Address

2. Principal Place of Business: 21 **8665 Baypine Road**  
 Suite, Apt. #, etc. **Suite 200**  
 City & State: **Jacksonville, FL**  
 Zip: **32256**

2a. Mailing Address: 26 **8665 Baypine Road**  
 Suite, Apt. #, etc. **Suite 200**  
 City & State: **Jacksonville, FL**  
 Zip: **32256**

3. Date Incorporated or Qualified: **10/29/1987**  
 3a. Date of Last Report: **02/06/1996**

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 Building**  
**Tallahassee, FL 32304**

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

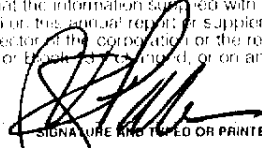
TITLE	<input type="checkbox"/> DELETE
NAME	<b>See Attached</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**600002104986**  
**-03/05/97--01061--032**  
**\*\*\*165.00**

14. I do 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 included 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, or on an attachment with an address.

**SIGNATURE:**  **Robert A. Pallais, VP & Treas.** **2/27/97** (904) 828-7850  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.**  
**Officers and Directors**

12. Officers and Directors		13. Add/Chgs To Officers and Directors	
Title	CD	Title	<input checked="" type="checkbox"/> Chg <input type="checkbox"/> Add
Name	FLAHERTY, WILLIAM E.	Name	
Street Address	12316 MANDARIN ROAD	Street Address	
City-St-Zip	JACKSONVILLE FL	City-St-Zip	32223
Title	S	Title	<input checked="" type="checkbox"/> Chg <input type="checkbox"/> Add
Name	BAGNI, BRUCE N.	Name	
Street Address	2307 GREENSIDE COURT	Street Address	
City-St-Zip	PONTE VEDRA BEACH FL	City-St-Zip	32082
Title	D	Title	<input checked="" type="checkbox"/> Chg <input type="checkbox"/> Add
Name	FAVINO, ANTONIO J	Name	
Street Address	546 GULFSTREAM CIRCLE N.	Street Address	
City-St-Zip	ORANGE PARK FL	City-St-Zip	32073
Title	D	Title	<input checked="" type="checkbox"/> Chg <input type="checkbox"/> Add
Name	CASONE, MICHAEL JR	Name	
Street Address	8022 JAMES ISLAND TRAIL	Street Address	
City-St-Zip	JACKSONVILLE FL	City-St-Zip	32256
Title	VT	Title	<input checked="" type="checkbox"/> Chg <input type="checkbox"/> Add
Name	ROBERT A. PALLAIS	Name	
Street Address	12460 LYDIA WOODS COURT	Street Address	
City-St-Zip	JACKSONVILLE FL	City-St-Zip	32258
Title		Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	