

FILE NOW; FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90074 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J99448
 1. Corporation Name
FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.



Principal Place of Business 8665 BAYPINE RD SUITE 200 JACKSONVILLE FL 32256-7533	Mailing Address 8665 BAYPINE RD SUITE 200 JACKSONVILLE FL 32256-7533
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/29/1987	
4. FEI Number 59-2876465	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRIGHT, THOMAS E	1.2 NAME	
STREET ADDRESS	8132 WEKIVA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSLEY, CHARLES D	2.2 NAME	
STREET ADDRESS	3212 THOMASVILLE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32212	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLIN, WALTER S III	3.2 NAME	
STREET ADDRESS	5415 BANANA POINTE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKAHUMPKA FL 34762	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPTAK, WALTER T	4.2 NAME	
STREET ADDRESS	3205 OLD BARN COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input 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 32258	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, RANDEL D	6.2 NAME	
STREET ADDRESS	6565 ANVERS BLVD	6.3 STREET ADDRESS	1667 Highland View Court
CITY-ST-ZIP	JACKSONVILLE FL 32210	6.4 CITY-ST-ZIP	Orange Park, FL 32073

14. 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 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 address, with all other like empowered.

SIGNATURE:  **Robert A. Pallais, V.P. & Treas.** Date: **3/4/99** (904) 828-7850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)

232923-90074-7
J99448

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	CD CASONE, MICHAEL JR 8022 JAMES ISLAND TRAIL 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	S KAMMER, RANDY M. 3382 BOWERS LANE JACKSONVILLE FL 32257	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
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	D DOERR, ROBERT CHRIS 8031 ACORN RIDGE RD 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 LUFRANO, ROBERT I 8113 MIDDLE FORK WAY JACKSONVILLE FL32256	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	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
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