

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90017 046 ***150.00

DOCUMENT # J99448

1. Entity 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 32256-7559
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2876465	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL BLDG TALLAHASSEE FL 32304	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input checked="" type="checkbox"/> Delete	NAME ALBRIGHT, THOMAS E	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8132 WEKIVA WAY	CITY-ST-ZIP JACKSONVILLE FL 32256	NAME	
TITLE CD <input type="checkbox"/> Delete	NAME CAScone, MICHAEL JR	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8022 JAMES ISLAND TRAIL	CITY-ST-ZIP JACKSONVILLE FL 32256	NAME	
TITLE S <input type="checkbox"/> Delete	NAME KRAMMER, RANDY M	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3382 BOWERS LANE	CITY-ST-ZIP JACKSONVILLE FL 32257	NAME	
TITLE PD <input type="checkbox"/> Delete	NAME LIPTAK, WALTER T	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3205 OLD BARN COURT	CITY-ST-ZIP PONTE VEDRA BCH FL 32082	NAME	
TITLE VT <input type="checkbox"/> Delete	NAME PALLAIS, ROBERT A	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12460 LYDIA WOODS COURT	CITY-ST-ZIP JACKSONVILLE FL 32258	NAME	
TITLE V <input type="checkbox"/> Delete	NAME SIMMONS, RANDEL D	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1667 HIGHLAND VIEW COURT	CITY-ST-ZIP ORANGE PARK FL 32073	NAME	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A. Pallais, VP & Treasurer 2/3/00 (904) 828-7850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)