

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90053 001 ***150.00

DOCUMENT # J99448
 1. Entity Name
FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.

Principal Place of Business 5011 GATE PARKWAY, BLDG. 200, SUITE 400 JACKSONVILLE FL 32256	Mailing Address 5011 GATE PARKWAY, BLDG. 200, SUITE 400 JACKSONVILLE FL 32256
---	---

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number **59-2876465** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

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 _____

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.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRIGHT, THOMAS E 8132 WEKIVA WAY JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CASCOE, MICHAEL JR 8022 JAMES ISLAND TRAIL JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIPTAK, WALTER T 3205 OLD BARN COURT PONTE VEDRA BCH FL 32082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PALLAIS, ROBERT A 12460 LYDIA WOODS COURT JACKSONVILLE FL 32258 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMMONS, RANDEL D 1667 HIGHLAND VIEW COURT ORANGE PARK FL 32073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **SIGNATURE: Robert A. Pallais, VP & Treasurer** **2/13/02** **(904) 828-7850**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment
599448

326121

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	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 FL 32256	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	V/D BRODY, CHARLES E 24408 HARBOUR VIEW DR PONTE VEDRA 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 BAGNI, BRUCE N. 2307 GREENSIDE 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 GRANTHAM, L JOSEPH 6497 RIVER POINT DRIVE GREEN COVE SPR FL 32043	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	D LEICHTLE, ROBERT A. 8 OAK BLUFF COURT COLUMBIA SC 29223	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	S GARCIA, EDWARD J. 324 SWEET BRIER BRANCH L JACKSONVILLE FL 32259	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add