

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J99448

FILED
Feb 23, 2004
Secretary of State

Entity Name: FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.

Current Principal Place of Business:

5011 GATE PARKWAY, BLDG. 200, SUITE 400
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

5011 GATE PARKWAY, BLDG. 200, SUITE 400
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-2876465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALBRIGHT, THOMAS E
Address: 8132 WEKIVA WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: CD () Delete
Name: CASONE, MICHAEL JR
Address: 8022 JAMES ISLAND TRAIL
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD () Delete
Name: LIPTAK, WALTER T
Address: 3205 OLD BARN COURT
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: VT () Delete
Name: PALLAIS, ROBERT A
Address: 12460 LYDIA WOODS COURT
City-St-Zip: JACKSONVILLE, FL 32258

Title: V () Delete
Name: SIMMONS, RANDEL D
Address: 1650 WATERS EDGE DRIVE
City-St-Zip: ORANGE PARK, CA 32003

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BENEVENTO, BARBARA G
Address: 4472 BAY HARBOUR DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: V (X) Change () Addition
Name: BURWELL, BETH B
Address: 4441 WORTH DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32207

Title: V (X) Change () Addition
Name: SCHMIDT, TERRI A
Address: 244 ROYAL TERN ROAD NORTH
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: DOERR, ROBERT CHRIS
Address: 8031 ACORN RIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Change (X) Addition
Name: LUFRANO, ROBERT I
Address: 8113 MIDDLE FORK WAY
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A PALLAIS

VT

02/23/2004

Electronic Signature of Signing Officer or Director

_____ Date

EDWARD J GARCIA, SECRETARY
324 SWEET BRIER BRANCH LANE
JACKSONVILLE, FL 32259

ROBERT A LEICHTLE, DIRECTOR
8 OAK BLUFF COURT
COLUMBIA, SC 29223

L JOSEPH GRANTHAM, DIRECTOR
6497 RIVERPOINT DRIVE
GREEN COVE SPRINGS, FL 32043

BRUCE BAGNI, DIRECTOR
2307 GREENSIDE COURT
PONTE VEDRA BEACH, FL 32082