


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90022 017 \*\*\*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**

**50016935**



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

02092005 Chg-P CR2E034 (10/03)

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

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

6. Name and Address of Current Registered Agent  
**CHIEF FINANCIAL OFFICER  
 P O BOX 6200 (32314-6200)  
 200 E. GAINES ST  
 TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENEVENTO, BARBARA G	
STREET ADDRESS	4472 BAY HARBOUR DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURWELL, BETH B	
STREET ADDRESS	4441 WORTH DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHMIDT, TERRI A	
STREET ADDRESS	244 ROYAL TERN ROAD NORTH	
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	
TITLE	VT	<input type="checkbox"/> Delete
NAME	PALLAIS, ROBERT A	
STREET ADDRESS	12460 LYDIA WOODS COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE	CD	<input type="checkbox"/> Delete
NAME	DOERR, ROBERT CHRIS	
STREET ADDRESS	8031 ACORN RIDGE ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUFRANO, ROBERT I	
STREET ADDRESS	8113 MIDDLE FORK WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Robert A. Pallais** *2/19/05* (904) 828-7850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ATTACHMENT**  
**# J99448**  
**50016935**  
**Division of Corporations**

Attachment to Annual Report

Document Number  
**J99448**

Additional Offices/Directors below

Name and Title	GRANTHAM, JOSEPH L, DIRECTOR
Address 1	6497 RIVERPOINT DRIVE
Address 2	
City, State Zip	GREEN COVE SPRINGS, FL 32043

Name and Title	LEICHTLE, ROBERT A, DIRECTOR
Address 1	8 OAK BLUFF COURT
Address 2	
City, State Zip	COLUMBIA, SC 29223

Name and Title	GARCIA, EDWARD J, SECRETARY
Address 1	324 SWEET BRIER BRANCH LANE
Address 2	
City, State Zip	JACKSONVILLE, FL 32259