

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90107 002 ***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**

60021599



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-2876465

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME BENEVENTO, BARBARA G
STREET ADDRESS 4472 BAY HARBOUR DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE D ☐ Change ☒ Addition
NAME MANN, JASON D.
STREET ADDRESS 3409 WILLIAMSBURG
CITY-ST-ZIP TEXARKANA, TX 75503

TITLE V ☐ Delete
NAME BURWELL, BETH B
STREET ADDRESS 4441 WORTH DRIVE EAST
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME SCHMIDT, TERRI A
STREET ADDRESS 244 ROYAL TERN ROAD NORTH
CITY-ST-ZIP PONTE VEDRA BCH, FL 32082

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME PALLAIS, ROBERT A
STREET ADDRESS 12460 LYDIA WOODS COURT
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME DOERR, ROBERT CHRIS
STREET ADDRESS 8031 ACORN RIDGE ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LUFRANO, ROBERT I
STREET ADDRESS 8113 MIDDLE FORK WAY
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE D ☐ Change ☒ Addition
NAME ALLEN, SHARON K.
STREET ADDRESS 211 HINSON ROAD #7
CITY-ST-ZIP ~~LITTLE ROCK, AR 72212~~

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Pallais

2/17/06

904/828-7850

Date

Daytime Phone #

ATTACHMENT
60021599

Division of Corporations

Attachment to Annual Report

FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.

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	RYDER, FREDERICK V, DIRECTOR
Address 1	105 TROON POINT LANE
Address 2	
City, State Zip	PONTE VEDRA BEACH, FL 32082

Name and Title	JOLLY, AREZOU C, SECRETARY
Address 1	1705 WOODMERE
Address 2	
City, State Zip	JACKSONVILLE, FL 32210

Name and Title	WHITE, PAUL MARK, DIRECTOR
Address 1	300 COTTONWOOD
Address 2	
City, State Zip	ENGLAND, AR 72046

Name and Title	MITCHELL, GEORGE K, DIRECTOR
Address 1	1511 NORTH FILLMORE
Address 2	
City, State Zip	LITTLE ROCK, AR 72207