


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

60021599



02102006 Chg-P CR2E034 (11/05)

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.

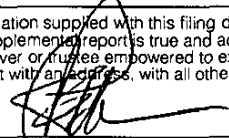
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BENEVENTO, BARBARA G 4472 BAY HARBOUR DRIVE JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, JASON D. 3409 WILLIAMSBURG TEXARKANA, TX 75503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURWELL, BETH B 4441 WORTH DRIVE EAST JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHMIDT, TERRI A 244 ROYAL TERN ROAD NORTH PONTE VEDRA BCH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DOERR, ROBERT CHRIS 8031 ACORN RIDGE ROAD JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUFRAÑO, ROBERT I 8113 MIDDLE FORK WAY JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, SHARON K. 211 HINSON ROAD #7 LITTLE ROCK, AR 72212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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** 2/17/06 904/828-7850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 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