


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90074 023 ***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 5011 GATE PARKWAY, BLDG. 200, SUITE 400
 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

40072204



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4800 Deerwood Campus Pkwy
 Building 100, 7th Floor
 Jacksonville, FL
 32246

04102007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-2876465 Not Applicable

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D	<input type="checkbox"/> Delete		TITLE	CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANN, JASON D			NAME			
STREET ADDRESS	3409 WILLIAMSBURG			STREET ADDRESS			
CITY-ST-ZIP	TEXARKANA, TX 75503			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BURWELL, BETH B			NAME	Langston, Mark		
STREET ADDRESS	4441 WORTH DRIVE EAST			STREET ADDRESS	320 W. Capital Avenue, Suite		
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	Little Rock, AR 72203		
TITLE	P	<input type="checkbox"/> Delete		TITLE	DAS VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHMIDT, TERRI A			NAME			
STREET ADDRESS	244 ROYAL TERN ROAD NORTH			STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082			CITY-ST-ZIP			
TITLE	VT	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALLAIS, ROBERT A			NAME			
STREET ADDRESS	12460 LYDIA WOODS COURT			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32258			CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOERR, ROBERT CHRIS			NAME			
STREET ADDRESS	8031 ACORN RIDGE ROAD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, SHARON K			NAME			
STREET ADDRESS	211 HINSON RD 7			STREET ADDRESS			
CITY-ST-ZIP	LITTLE ROCK, AR 72212			CITY-ST-ZIP			

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 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: Terri A. Schmidt Terri A. Schmidt 04/16/07 904/828-7451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Business Phone #