

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J99448

FILED
Nov 06, 2008
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:

4800 DEERWOOD CAMPUS PKWY
BUILDING 100 7TH FLOOR
JACKSONVILLE, FL 32246

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: MARK A LANGSTON

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MANN, JASON D
Address: 3409 WILLIAMSBURG
City-St-Zip: TEXARKANA, TX 75503

Title: T () Delete
Name: LANGSTON, MARK
Address: 320 W CAPITAL AVE SUITE
City-St-Zip: LITTLE ROCK, AR 72203

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

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

Title: D () Delete
Name: ALLEN, SHARON K
Address: 211 HINSON RD 7
City-St-Zip: LITTLE ROCK, AR 72212

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MANN, JASON D
Address: PO BOX 1650
City-St-Zip: LITTLE ROCK, AR 72203

Title: EVP (X) Change () Addition
Name: LANGSTON, MARK
Address: PO BOX 1650
City-St-Zip: LITTLE ROCK, AR 72203

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARK A LANGSTON

Electronic Signature of Signing Officer or Director

EVP

11/06/2008

Date