

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J99448

FILED
Mar 15, 2011
Secretary of State

Entity Name: FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.

Current Principal Place of Business:

4800 DEERWOOD CAMPUS PARKWAY
BLDG. 200, SUITE 600
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1650
LITTLE ROCK, AR 72203

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

Title: EVP
Name: LANGSTON, MARK
Address: PO BOX 1650
City-St-Zip: LITTLE ROCK, AR 72203

Title: SEC
Name: TOUSE, JAMES L
Address: PO BOX 1650
City-St-Zip: LITTLE ROCK, AR 72203

Title: ASEC
Name: PHILLIPS, CONSTANCE B
Address: PO BOX 1650
City-St-Zip: LITTLE ROCK, AR 72203

I hereby 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 all other like empowered.

SIGNATURE: MARK LANGSTON

CFO

03/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date