

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90078 016 \*\*\*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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA  
THE CAPITOL BLDG  
TALLAHASSEE FL 32304**

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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 checked="" type="checkbox"/> Delete
NAME	ALBRIGHT, THOMAS E	
STREET ADDRESS	8132 WEKIVA WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	CD	<input type="checkbox"/> Delete
NAME	CASCONE, MICHAEL JR	
STREET ADDRESS	8022 JAMES ISLAND TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LIPTAK, WALTER T	
STREET ADDRESS	3205 OLD BARN COURT	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
TITLE	VT	<input type="checkbox"/> Delete
NAME	PALLAIS, ROBERT A	
STREET ADDRESS	12460 LYDIA WOODS COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	V	<input type="checkbox"/> Delete
NAME	SIMMONS, RANDEL D	
STREET ADDRESS	1650 WATERS EDGE DRIVE	
CITY-ST-ZIP	ORANGE PARK CA 32003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Robert A. Pallais* **SIGNATURE REQUIRED** Robert A. Pallais, VP & Treasurer 2/7/03 (904) 828-7850

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

CR2E034 (10/02)

Attachment 90024185  
#J99448

FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.  
Officers and Directors (Continued)

12. Officers and Directors		13. Add/Chgs To Officers and Directors	
Title	V	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	OUGH, SIDNEY W	Name	
Street Address	4368 BANKS ROAD	Street Address	
City-St-Zip	MIDDLEBURG FL 32068	City-St-Zip	
Title	D	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	DOERR, ROBERT CHRIS	Name	
Street Address	8031 ACORN RIDGE RD	Street Address	
City-St-Zip	JACKSONVILLE FL 32256	City-St-Zip	
Title	D	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	LUFRANO, ROBERT I	Name	
Street Address	8113 MIDDLE FORK WAY	Street Address	
City-St-Zip	JACKSONVILLE FL32256	City-St-Zip	
Title	V/D	Title	V <input checked="" type="checkbox"/> Chg <input type="checkbox"/> Add
Name	BRODY, CHARLES E	Name	
Street Address	24408 HARBOUR VIEW DR	Street Address	
City-St-Zip	PONTE VEDRA FL 32082	City-St-Zip	
Title	D	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	BAGNI, BRUCE N.	Name	
Street Address	2307 GREENSIDE COURT	Street Address	
City-St-Zip	PONTE VEDRA BCH FL 32082	City-St-Zip	
Title	D	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	GRANTHAM, L JOSEPH	Name	
Street Address	6497 RIVER POINT DRIVE	Street Address	
City-St-Zip	GREEN COVE SPR FL 32043	City-St-Zip	
Title	D	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	LEICHTLE, ROBERT A.	Name	
Street Address	8 OAK BLUFF COURT	Street Address	
City-St-Zip	COLUMBIA SC 29223	City-St-Zip	
Title	S	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	GARCIA, EDWARD J.	Name	
Street Address	324 SWEET BRIER BRANCH L	Street Address	
City-St-Zip	JACKSONVILLE FL 32259	City-St-Zip	
Title		Title	V <input type="checkbox"/> Chg <input checked="" type="checkbox"/> Add
Name		Name	WENDT, EVA L.
Street Address		Street Address	1337 RIVERPLACE DRIVE
City-St-Zip		City-St-Zip	JACKSONVILLE FL 32223
Title		Title	D <input type="checkbox"/> Chg <input checked="" type="checkbox"/> Add
Name		Name	ROLLINSON, JANE E.
Street Address		Street Address	8024 PEBBLE CREEK LANE WEST
City-St-Zip		City-St-Zip	PONTE VEDRA BEACH FL 32082