**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION
ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K40963** **(6)**

1. Corporation Name
**FLORIDA EMPLOYERS LIFE INSURANCE CORPORATION**

Principal Place of Business
**2601 CATTLEMAN ROAD**
**SARASOTA FL 34232**

Mailing Address
**2601 CATTLEMAN ROAD**
**SARASOTA FL 34232**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/25/1988**
3a. Date of Last Report: **03/03/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **65-0078840** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**JACOBS, GORDON W.**
**2601 CATTLEMEN ROAD**
**SARASOTA FL 34232-3214**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [illegible]

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | TITLE | ☐ Change ☒ Addition |
| NAME | NEFF, RAYMOND M. | NAME | |
| STREET ADDRESS | 2601 CATTLEMEN RD | STREET ADDRESS | |
| CITY, ST, ZIP | SARASOTA FL | CITY, ST, ZIP | 34232 |
| TITLE | VD | TITLE | ☒ Change ☐ Addition |
| NAME | SWINDELL, GEORGE B. | NAME | Delete name, address and title |
| STREET ADDRESS | 2601 CATTLEMEN RD | STREET ADDRESS | |
| CITY, ST, ZIP | SARASOTA FL | CITY, ST, ZIP | |
| TITLE | VTD | TITLE | ☐ Change ☒ Addition |
| NAME | WEBBER, DAVID L. | NAME | |
| STREET ADDRESS | 2601 CATTLEMEN RD | STREET ADDRESS | |
| CITY, ST, ZIP | SARASOTA FL | CITY, ST, ZIP | 34232 |
| TITLE | DC | TITLE | ☐ Change ☒ Addition |
| NAME | HABER, MARVIN S. | NAME | |
| STREET ADDRESS | 2601 CATTLEMEN RD | STREET ADDRESS | |
| CITY, ST, ZIP | SARASOTA FL | CITY, ST, ZIP | 34232 |
| TITLE | V | TITLE | V/D ☒ Change ☒ Addition |
| NAME | NELSON, WILLIAM C. | NAME | |
| STREET ADDRESS | 2601 CATTLEMEN RD | STREET ADDRESS | |
| CITY, ST, ZIP | SARASOTA FL | CITY, ST, ZIP | 34232 |
| TITLE | S | TITLE | S/D ☒☒ Change ☒ Addition |
| NAME | JACOBS, G.W. | NAME | |
| STREET ADDRESS | 2601 CATTLEMEN RD | STREET ADDRESS | |
| CITY, ST, ZIP | SARASOTA FL | CITY, ST, ZIP | 34232 |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(ee), Florida Statutes. Further certify that the information indicated on the annual report or supplemental annual 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 other entity or a receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 in compliance with an address.

**SIGNATURE:** [signature] Treasurer 4/26/95 (813)951-3627
INDICATE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
David L. Webber

0040264 CP