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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 30 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L29717 (0)
1. Corporation Name
LIFE GENERAL SECURITY INSURANCE COMPANY



Principal Place of Business

200 S ANDREWS AVENUE
6TH FLOOR
FT. LAUDERDALE FL 33301
US

Mailing Address

200 S ANDREWS AVENUE
6TH FLOOR
FT. LAUDERDALE FL 33301-1884
US

2. Principal Place of Business

21 450 EAST LAS OLAS

Suite, Apt. #, etc.

22 Suite 1500

City & State

23 Ft. LAUDERDALE FL

Zip

24 33301

Country

25 USA

2a. Mailing Address

26 450 EAST LAS OLAS BLVD.

Suite, Apt. #, etc.

27 Suite 1500

City & State

28 Ft. LAUDERDALE FL

Zip

29 33301

Country

30 USA

3. Date Incorporated or Qualified

11/14/1989

3a. Date of Last Report

06/18/1996

4. FEI Number

72-0699246

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME BLOSSER, JAMES JOSEPH
STREET ADDRESS 200 S. ANDREWS AVENUE, 6TH FLOOR
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

DPST
NAME CARRIERO, EDWARD M JR.
STREET ADDRESS 200 S ANDREWS AVE, 6TH FLOOR
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

D
NAME HUIZENGA, H. WAYNE JR.
STREET ADDRESS 200 S. ANDREWS AVENUE, 6TH FLOOR
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

DC
NAME ROCHON, RICHARD C
STREET ADDRESS 200 S ANDREWS AVENUE, 6TH FLOOR
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 450 E LAS OLAS BLVD, SUITE 1500
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 450 E LAS OLAS BLVD, SUITE 1500
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 450 E LAS OLAS BLVD, SUITE 1500
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 450 E LAS OLAS BLVD, SUITE 1500
4.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0260639

CR2E034 (9/96)