

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J99448

Entity Name: FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.

FILED
May 01, 2013
Secretary of State
CC4451113391

Current Principal Place of Business:

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

Current Mailing Address:

P.O. BOX 1650
LITTLE ROCK, AR 72203

FEI Number: 59-2876465

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

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

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

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

Title SECRETARY
Name CREASMAN, WILLIAM
Address P.O. BOX 1650
City-State-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: WILLIAM CREASMAN

SECRETARY

05/01/2013

Electronic Signature of Signing Officer/Director Detail

Date