

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J99448

FILED
Apr 19, 2016
Secretary of State
CC5656591448

Entity Name: FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.

Current Principal Place of Business:

320 WEST CAPITOL AVENUE
SUITE 700
LITTLE ROCK, AR 72203

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
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 CHAIRMAN, DIRECTOR
Name MANN, JASON D.
Address 320 WEST CAPITOL AVENUE
SUITE 700
City-State-Zip: LITTLE ROCK AR 72203

Title TREASURER, DIRECTOR
Name LANGSTON, MARK
Address 320 WEST CAPITOL AVENUE
SUITE 700
City-State-Zip: LITTLE ROCK AR 72203

Title SECRETARY
Name CREASMAN, WILLIAM P.
Address 320 WEST CAPITOL AVENUE
SUITE 700
City-State-Zip: LITTLE ROCK AR 72203

Title DIRECTOR
Name GRANTHAM, L. JOSEPH
Address 320 WEST CAPITOL AVENUE
SUITE 700
City-State-Zip: LITTLE ROCK AR 72203

Title DIRECTOR
Name URBANEK, JON
Address 320 WEST CAPITOL AVENUE
SUITE 700
City-State-Zip: LITTLE ROCK AR 72203

Title PRESIDENT, CHIEF EXECUTIVE
OFFICER
Name CASEY, JAMES F.
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 P. CREASMAN

SECRETARY

04/19/2016

Electronic Signature of Signing Officer/Director Detail

Date