

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J99448

Entity Name: FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.

Current Principal Place of Business:

4800 DEERWOOD CAMPUS PKWY
JACKSONVILLE, FL 32246

Current Mailing Address:

4800 DEERWOOD CAMPUS PKWY
JACKSONVILLE, FL 32246 US

FEI Number: 59-2876465

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MACCARTHY, DEIRDRE
4800 DEERWOOD CAMPUS PARKWAY
JACKSONVILLE, FL 32246 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: DEIRDRE MACCARTHY

04/24/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name JOLLY, AREZOU C
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-7
City-State-Zip: JACKSONVILLE FL 32246

Title CEO, PRESIDENT, CHAIRMAN
Name URBANEK, JON
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-8
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR, TREASURER
Name BAILEY, CARL
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-6
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR, COO
Name BECHTEL, RACHEL
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 8-2
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name DIVITA, CHARLES III
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-8
City-State-Zip: JACKSONVILLE FL 32246

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: AREZOU C. JOLLY

SECRETARY

04/24/2020

Electronic Signature of Signing Officer/Director Detail

Date