

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J99448

**FILED
Apr 05, 2017
Secretary of State
CC9775492021**

Entity Name: FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.

Current Principal Place of Business:

4800 DEERWOOD CAMPUS PKWY
BLDG 200, STE 600
JACKSONVILLE, FL 32246

Current Mailing Address:

4800 DEERWOOD CAMPUS PKWY
BLDG 200, STE 600
JACKSONVILLE, FL 32246 US

FEI Number: 59-2876465

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324-0000 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 PRESIDENT / DIRECTOR
Name CASEY, JAMES F.
Address 4800 DEERWOOD CAMPUS PKWY
 BLDG 200, STE 600
City-State-Zip: JACKSONVILLE FL 32246

Title SECRETARY
Name CREASMAN, WILLIAM P.
Address 4800 DEERWOOD CAMPUS PKWY
 BLDG 200, STE 600
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER / DIRECTOR
Name LANGSTON, MARK
Address 4800 DEERWOOD CAMPUS PKWY
 BLDG 200, STE 600
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name GRANTHAM, L. JOSEPH
Address 4800 DEERWOOD CAMPUS PKWY
 BLDG 200, STE 600
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name MANN, JASON
Address 4800 DEERWOOD CAMPUS PKWY
 BLDG 200, STE 600
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name URBANEK, JON
Address 4800 DEERWOOD CAMPUS PKWY
 BLDG 200, STE 600
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: WILLIAM P. CREASMAN

SECRETARY

04/05/2017

Electronic Signature of Signing Officer/Director Detail

Date