

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J99448

FILED
Apr 29, 2015
Secretary of State
CC8340949716

Entity Name: FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.

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

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

Title SECRETARY
Name CREASMAN, WILLIAM P.
Address P.O. BOX 1650
City-State-Zip: LITTLE ROCK AR 72203

Title CHAIRMAN, DIRECTOR
Name GRANTHAM, L. JOSEPH
Address P.O. BOX 1650
City-State-Zip: LITTLE ROCK AR 72203

Title DIRECTOR
Name URBANEK, JON
Address P.O. BOX 1650
City-State-Zip: LITTLE ROCK AR 72203

Title PRESIDENT, DIRECTOR
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

04/29/2015

Electronic Signature of Signing Officer/Director Detail

Date