

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 811341

**Entity Name:** CONSTITUTION LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

1064 GREENWOOD BLVD.  
SUITE 260  
LAKE MARY, FL 32746

**Current Mailing Address:**

P.O. BOX 958465  
LAKE MARY, FL 32795-8465 US

**FEI Number: 36-1824600**

**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 VPS  
Name CARLTON, STEVE  
Address 1064 GREENWOOD BLVD  
SUITE 260  
City-State-Zip: LAKE MARY FL 32746

Title DCFO  
Name CANNONE, RICHARD M  
Address 1064 GREENWOOD BLVD  
SUITE 260  
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR  
Name GASS, PHILLIP J  
Address 1064 GREENWOOD BLVD.  
SUITE 260  
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR  
Name CHELIOTIS, KOSTAS NMN  
Address 1064 GREENWOOD BLVD.  
SUITE 260  
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR  
Name WILLIAMS, THOMAS A  
Address 1064 GREENWOOD BLVD.  
SUITE 260  
City-State-Zip: LAKE MARY FL 32746

*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: STEVE L CARLTON**

**SECRETARY**

**04/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date