

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811341

Entity Name: CONSTITUTION LIFE INSURANCE COMPANY

Current Principal Place of Business:

1001 HEATHROW PARK LANE, STE 5001
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
P O BOX 6200 (32314-6200)
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 DP
Name ISRAEL, JASON
Address 1001 HEATHROW PARK LANE, STE 5001
City-State-Zip: LAKE MARY FL 32746

Title DEVP
Name SQUAROK, JOHN
Address 1001 HEATHROW PARK LANE, STE 5001
City-State-Zip: LAKE MARY FL 32746

Title DEVP
Name WAEGELEIN, ROBERT A
Address 6 INTERNATIONAL DR SUITE 190
City-State-Zip: RYE BROOK NY 10573

Title VPS
Name CARLTON, STEVE
Address 1001 HEATHROW PARK LANE, STE 5001
City-State-Zip: LAKE MARY FL 32746

Title VP
Name COCHRANE, CARL L
Address 1001 HEATHROW PARK LANE, STE 5001
City-State-Zip: LAKE MARY FL 32746

Title DCFO
Name CANNONE, RICHARD M
Address 1001 HEATHROW PARK LANE, SUITE 5001
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 CARLTON

SECRETARY

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date