

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000068019 (7)**

1. Corporation Name

**PCA LIFE INSURANCE COMPANY**



Principal Place of Business: **6101 BLUE LAGOON DRIVE SUITE 300 MIAMI FL 33126**  
Mailing Address: **6101 BLUE LAGOON DRIVE SUITE 300 MIAMI FL 33126**

3. Date Incorporated or Qualified: **09/30/1993**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0424536**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No **(through parent Co.)**

2. Principal Place of Business: 21 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

**9. Name and Address of Current Registered Agent**

**THE INSURANCE COMMISSIONER  
STATE CAPITOL  
TALLAHASSEE FL 32399-0300**

**10. Name and Address of New Registered Agent**

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: **FL** 85 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	DCV	<input type="checkbox"/> DELETE
NAME	KLISSANLY, PETER E	
STREET ADDRESS	6101 BLUE LAGOON DR., SUITE 300	
CITY - ST - ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KARDATZKE, E. STANLEY	
STREET ADDRESS	6101 BLUE LAGOON DR., SUITE 300	
CITY - ST - ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DONNELLY, CLIFFORD W	
STREET ADDRESS	6101 BLUE LAGOON DR., SUITE 300	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SURUJON, ESTHER	
STREET ADDRESS	6101 BLUE LAGOON DR., SUITE 300	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, GLEN R	
STREET ADDRESS	6101 BLUE LAGOON DR., SUITE 300	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAGEMAN, JOHN A	
STREET ADDRESS	6101 BLUE LAGOON DR SUITE 300	
CITY - ST - ZIP	MIAMI FL	

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Zip code
13 STREET ADDRESS	33126
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Zip code
23 STREET ADDRESS	33126
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Zip code
33 STREET ADDRESS	33126
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Leahy, Robert
43 STREET ADDRESS	6101 Blue Lagoon Drive
44 CITY - ST - ZIP	Miami, Florida 33126
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	900001877689
53 STREET ADDRESS	-06/27/96--01030--002
54 CITY - ST - ZIP	***225.00
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	SD
63 STREET ADDRESS	Zip Code
64 CITY - ST - ZIP	33126

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

*John A. Hageman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**John A. Hageman SECRETARY**

6/14/96 305-265-3920  
CS 6/26/96

CRE034 (3/96)