

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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 33126-2060**

| | |
|--|---|
| 3. Date Incorporated or Qualified 09/30/1993 | 3a. Date of Last Report 06/26/1996 |
| 4. FEI Number 65-0424536 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(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 | KILISSANLY, PETER E | |
| STREET ADDRESS | 6101 BLUE LAGOON DR., SUITE 300 | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | KARDATZKE, E. STANLEY | |
| STREET ADDRESS | 6101 BLUE LAGOON DR., SUITE 300 | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | DONNELLY, CLIFFORD W | |
| STREET ADDRESS | 6101 BLUE LAGOON DR., SUITE 300 | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | LEAHY, ROBERT | |
| STREET ADDRESS | 6101 BLUE LAGOON DR. | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| 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 | SD | <input type="checkbox"/> DELETE |
| NAME | HAGEMAN, JOHN A | |
| STREET ADDRESS | 6101 BLUE LAGOON DR SUITE 300 | |
| CITY-ST-ZIP | MIAMI FL 33126 | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Handwritten signatures]*

CR2E034 (9/96)