

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

**FILED**

**May 14 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 500 WEST MAIN ST, LOUISVILLE, KY 40202  
2a. Mailing Address: P O BOX 740026, TAX DEPT, LOUISVILLE, KY 40201-7426

3. Date Incorporated or Qualified: 09/30/1993  
4. FEI Number: 65-0424536  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City: FL B5 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	1.1 TITLE	PD
NAME	KILISSANLY, PETER E	1.2 NAME	WOLF, GREGORY H.
STREET ADDRESS	6101 BLUE LAGOON DR., SUITE 300	1.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
TITLE	DV	2.1 TITLE	D
NAME	KARDATZKE, E. STANLEY	2.2 NAME	JERRY D. REEVES, MD
STREET ADDRESS	6101 BLUE LAGOON DR., SUITE 300	2.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
TITLE	DP	3.1 TITLE	SrVP D
NAME	DONNELLY, CLIFFORD W	3.2 NAME	McCALLISTER, MICHAEL B.
STREET ADDRESS	6101 BLUE LAGOON DR., SUITE 300	3.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP	MIAMI FL 33126	3.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
TITLE	T	4.1 TITLE	CFO
NAME	LEAHY, ROBERT	4.2 NAME	MURRAY, JAMES E.
STREET ADDRESS	6101 BLUE LAGOON DR.	4.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP	MIAMI FL 33126	4.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
TITLE	D	5.1 TITLE	S
NAME	JOHNSON, GLEN R	5.2 NAME	LENAHAN, JOAN O.
STREET ADDRESS	6101 BLUE LAGOON DR., SUITE 300	5.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP	MIAMI FL 33126	5.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438
TITLE	SD	6.1 TITLE	VP
NAME	HAGEMAN, JOHN A	6.2 NAME	BAUERNFEIND, GEORGE
STREET ADDRESS	6101 BLUE LAGOON DR SUITE 300	6.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP	MIAMI FL 33126	6.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438

14. I 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 \_\_\_\_\_ DATE APR 3 1998

CP2E034 (10/97)