

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 26 1997 8:00am  
Secretary of State

DOCUMENT # 809238

(9)

1. Corporation Name

VULCAN LIFE INSURANCE COMPANY

Principal Place of Business

105 VULCAN ROAD  
P.O. BOX 1886  
BIRMINGHAM AL 35201

Mailing Address

105 VULCAN ROAD  
P.O. BOX 1886  
BIRMINGHAM AL 35201-1886



3. Date Incorporated or Qualified

02/13/1953

3a. Date of Last Report

04/12/1996

4. FEI Number

63-0244053

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 11815 N. Pennsylvania Street

27 Suite, Apt. #, etc.

28 City & State

29 Carmel, IN

30 Zip

Country

9. Name and Address of Current Registered Agent

FUQUA, KENNETH  
3136 LONNBLADH ROAD  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

Commissioner of Insurance

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

State Treasurer's Office

83

State Capitol; Plaza Level 11

84 City

Tallahassee

FL

85 Zip Code

32399

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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 file number

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-97

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

COBD

Hilbert, Stephen C.  
11815 N. Pennsylvania Street  
Carmel, IN 46032

P

Gongaware, Donald F.  
11815 N. Pennsylvania Street  
Carmel, IN 46032

EVPS

Inlow, Lawrence W.  
11815 N. Pennsylvania Street  
Carmel, IN 46032

D

Inlow, Lawrence W.  
11815 N. Pennsylvania Street  
Carmel, IN 46032

SVPT

Adams, James S.  
11815 N. Pennsylvania Street  
Carmel, IN 46032

SVPA

Ruhl, Ronald F.  
11815 N. Pennsylvania Street  
Carmel, IN 46032

☐ Change

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2-19-97 (317)817-6163

CR2E034 (9/96)