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Jan 27 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 # J83193

(9)

1. Corporation Name
PHF LIFE INSURANCE COMPANY



Principal Place of Business
6277 SEA HARBOR DR 5TH FLR
ORLANDO FL 32687
US

Mailing Address
6277 SEA HARBOR DR 5TH FLR
ATTN: TAX DEPT
ORLANDO FL 32687
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/17/1987

4. FET Number
38-2055892

Applied For
Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

DEPARTMENT OF INSURANCE
200 E GAINES STREET LARSON BLDG
TALLAHASSEE FL 32399

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LOUIS, PARKER A
STREET ADDRESS 6277 SEA HARBOR DR
CITY-ST-ZIP ORLANDO FL

TITLE VS
NAME GLENN, JOPPA L
STREET ADDRESS 4850 STREET RD.
CITY-ST-ZIP TRAVOSE PA

TITLE SRVP
NAME RICHARD, BERGMANN W
STREET ADDRESS 6277 SEA HARBOR DR
CITY-ST-ZIP ORLANDO FL

TITLE VT
NAME KEVIN, CARR M
STREET ADDRESS 6277 SEA HARBOR DR
CITY-ST-ZIP ORLANDO FL

TITLE SRVP
NAME JAMES, OWENS J
STREET ADDRESS 6277 SEA HARBOR DR
CITY-ST-ZIP ORLANDO FL

TITLE SRVP
NAME RICHARD, SALMON B
STREET ADDRESS 6277 SEA HARBOR DR
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

1/2/98

315-553-3184

CR2E034 (10/97)