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(2)

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:25

DOCUMENT # P37733 (3)

1. Corporation Name
FIRST CAPITAL LIFE INSURANCE COMPANY OF LOUISIAN A

Principal Place of Business	Mailing Address
2240 MAGAZINE ST NEW ORLEANS LA 70130 US	P. O. BOX 50939 NEW ORLEANS LA 70150-0939 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/04/1992
3a. Date of Last Report: 01/27/1994

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

4. FEI Number: 72-0238805 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when designated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	D/P	☒ Change ☐ Addition
NAME	CASSIDY, PHYLLIS E	12 NAME	Cassidy, Phyllis E.	
STREET ADDRESS	805 BONFOUCA	13 STREET ADDRESS	805 Bonfouca Place	
CITY-ST-ZIP	MANDEVILLE LA	14 CITY-ST-ZIP	Mandeville, LA 70448	
TITLE	DP	21 TITLE	D/VP	☒ Change ☐ Addition
NAME	EAGAN, FREDERICK L.	22 NAME	Coomes, Thomas R.	
STREET ADDRESS	640 N. BEACH BLVD.	23 STREET ADDRESS	609 Washington Ave.	
CITY-ST-ZIP	BAY ST. LOUIS MS	24 CITY-ST-ZIP	Batesville, IN 47006	
TITLE	DV	31 TITLE	D/VP	☒ Change ☐ Addition
NAME	EAGAN, LLOYD E.	32 NAME	Riemann, David F.	
STREET ADDRESS	930 TOULOUSE ST	33 STREET ADDRESS	30 Old Oak Lane	
CITY-ST-ZIP	NEW ORLEANS LA	34 CITY-ST-ZIP	Gulfport, MS 39501	
TITLE	DST	41 TITLE	S/T	☒ Change ☐ Addition
NAME	EAGAN, MAURICE F.	42 NAME	Schaefer, F. Duane	
STREET ADDRESS	4 SWAN ST.	43 STREET ADDRESS	2103 Mount Forest	
CITY-ST-ZIP	NEW ORLEANS LA	44 CITY-ST-ZIP	Kingwood, TX 77339	
TITLE	D	51 TITLE	AS	☒ Change ☐ Addition
NAME	EAGAN, EWELL E., JR.	52 NAME	Bush, Craig R.	
STREET ADDRESS	4 EVERETT PLACE	53 STREET ADDRESS	603 Bennettwood Ct.	
CITY-ST-ZIP	NEW ORLEANS LA	54 CITY-ST-ZIP	Cincinnati, OH	
TITLE	AT	61 TITLE	AS	☒ Change ☐ Addition
NAME	METZIGNER, MARY LYNNE E.	62 NAME	Birch, Timothy A.	
STREET ADDRESS	6332 S. JOHNSON	63 STREET ADDRESS	22 Antler Lane	
CITY-ST-ZIP	NEW ORLEANS LA	64 CITY-ST-ZIP	Wilton, CT	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Phyllis E. Cassidy Phyllis E. Cassidy 01/13/95 504-561-7700
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0472074 FP

Supplemental page for Question 12

CORPORATION ANNUAL REPORT 1995

FIRST CAPITAL LIFE INSURANCE COMPANY OF LOUISIANA

12. Officers and Directors

7.1	Title	AS/AT
7.	Name	Burnside, Richmon S. III
7.3	Street Address	4828 Meadowdale
7.4	City-St-Zip	Metairie, LA 70006

7.1	Title	D
7.2	Name	Hogenkamp, Timothy R.
7.3	Street Address	2739 Blackbird Hollow
7.4	City-St-Zip	Cincinnati, OH

7.1	Title	D
7.2	Name	FitzSimmon, David
7.3	Street Address	8811 Montgomery Rd.
7.4	City-St-Zip	Cincinnati, OH