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Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P37733** (3)  
1. Corporation Name  
**FIRST CAPITAL LIFE INSURANCE COMPANY OF LOUISIANA**  
**A**



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

3. Date Incorporated or Qualified: **03/04/1992**  
3a. Date of Last Report: **01/25/1996**  
4. FEI Number: **72-0238805**  
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

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

**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 City: 84 State: **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: (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CASSIDY, PHYLLIS E	1.2 NAME	Cassidy, Phyllis E.
STREET ADDRESS	805 BONFOUCA	1.3 STREET ADDRESS	905 Bonfouca Place
CITY- ST- ZIP	MANDEVILLE LA	1.4 CITY- ST- ZIP	Mandeville, LA 70471
TITLE	DV	2.1 TITLE	DV
NAME	COOMES, THOMAS R	2.2 NAME	Coomes, Thomas R.
STREET ADDRESS	609 WASHINGTON AV	2.3 STREET ADDRESS	124 Ravinewood Terrace
CITY- ST- ZIP	BATESVILLE IN	2.4 CITY- ST- ZIP	Loveland, Ohio 45140
TITLE	DV	3.1 TITLE	AS
NAME	RIEMANN, DAVID F	3.2 NAME	Birch, Timothy A.
STREET ADDRESS	30 OLD OAK LANE	3.3 STREET ADDRESS	518 Greenup St.
CITY- ST- ZIP	GULFPORT MS	3.4 CITY- ST- ZIP	Covington, KY 41011
TITLE	ST	4.1 TITLE	D
NAME	SCHAEFER, F DUANE	4.2 NAME	FitzSimmons, David
STREET ADDRESS	2103 MOUNT FOREST	4.3 STREET ADDRESS	8811 Montgomery Rd.
CITY- ST- ZIP	KINGWOOD TX	4.4 CITY- ST- ZIP	Cincinnati, Ohio 45236
TITLE	D	5.1 TITLE	AS/AT
NAME	HOGENKAMP, TIMOTHY R.	5.2 NAME	Burnside, III, Richmon S.
STREET ADDRESS	2739 BLACKBIRD HOLLOW	5.3 STREET ADDRESS	4828 Meadowdale
CITY- ST- ZIP	CINCINNATI OH	5.4 CITY- ST- ZIP	Metairie, LA 70006
TITLE	AS	6.1 TITLE	
NAME	BIRCH, TIMOTHY A	6.2 NAME	
STREET ADDRESS	22 ANTLE LN	6.3 STREET ADDRESS	
CITY- ST- ZIP	WILTON CT	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: *Phyllis E. Cassidy* 3/6/97 (504) 561-7700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)