SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

3. Date Incorporated or Qualified: 09/30/1993
3a. Date of Last Report: 05/01/1995

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: 65-0424536 — 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 (through Parent(s))

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
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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DCV	☐ DELETE
NAME	KILISSANLY, PETER E	
STREET ADDRESS	6101 BLUE LAGOON DR., SUITE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	☐ DELETE
NAME	KARDATZKE, E. STANLEY	
STREET ADDRESS	6101 BLUE LAGOON DR., SUITE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	☐ DELETE
NAME	DONNELLY, CLIFFORD W	
STREET ADDRESS	6101 BLUE LAGOON DR., SUITE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☑ DELETE
NAME	SURUJON, ESTHER	
STREET ADDRESS	6101 BLUE LAGOON DR., SUITE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	JOHNSON, GLEN R	
STREET ADDRESS	6101 BLUE LAGOON DR., SUITE 300	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	S	☐ DELETE
NAME	HAGEMAN, JOHN A	
STREET ADDRESS	6101 BLUE LAGOON DR SUITE 300	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		Zip code
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		33126
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		Zip code
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		33126
3.1 TITLE		☑ Change ☐ Addition
3.2 NAME		Zip Code
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		33126
4.1 TITLE	T	☑ Change ☑ Addition
4.2 NAME	Leahy, Robert	
4.3 STREET ADDRESS	6101 Blue Lagoon Drive	
4.4 CITY-ST-ZIP	Miami, Florida 33126	
5.1 TITLE	900001877689	☐ Change ☐ Addition
5.2 NAME	-06/27/96--01030--002	
5.3 STREET ADDRESS	***225.00	
5.4 CITY-ST-ZIP		
6.1 TITLE	SD	☑ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		Zip Code
6.4 CITY-ST-ZIP		33126

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption granted in Section 119.07(3)(k), 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: _____ 6/14/96 305-265-2920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John A. Hageman SECRETARY — CS 6/26/96

CR2E034 (3/96)