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FILED
May 14 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 # 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1993

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

2. Principal Place of Business

21 500 WEST MAIN ST

Suite, Apt. #, etc.

22

City & State

23 LOUISVILLE, KY

Zip

24 40202

Country

25 US

2a. Mailing Address

26 P O BOX 740026

Suite, Apt. #, etc.

27

City & State

28 LOUISVILLE, KY

Zip

29 40201-7426

Country

30 US

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCV
NAME KILISSANLY, PETER E
STREET ADDRESS 6101 BLUE LAGOON DR., SUITE 300
CITY-ST-ZIP MIAMI FL 33126 ☐ DELETE

TITLE DV
NAME KARDATZKE, E. STANLEY
STREET ADDRESS 6101 BLUE LAGOON DR., SUITE 300
CITY-ST-ZIP MIAMI FL 33126 ☐ DELETE

TITLE DP
NAME DONNELLY, CLIFFORD W
STREET ADDRESS 6101 BLUE LAGOON DR., SUITE 300
CITY-ST-ZIP MIAMI FL 33126 ☐ DELETE

TITLE T
NAME LEAHY, ROBERT
STREET ADDRESS 6101 BLUE LAGOON DR.
CITY-ST-ZIP MIAMI FL 33126 ☐ DELETE

TITLE D
NAME JOHNSON, GLEN R
STREET ADDRESS 6101 BLUE LAGOON DR., SUITE 300
CITY-ST-ZIP MIAMI FL 33126 ☐ DELETE

TITLE SD
NAME HAGEMAN, JOHN A
STREET ADDRESS 6101 BLUE LAGOON DR SUITE 300
CITY-ST-ZIP MIAMI FL 33126 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME WOLF, GREGORY H.
1.3 STREET ADDRESS 500 W MAIN
1.4 CITY-ST-ZIP LOUISVILLE KY 40201-1438 ☒ Change ☐ Addition

2.1 TITLE D
2.2 NAME JERRY D. REEVES, MD
2.3 STREET ADDRESS 500 W MAIN
2.4 CITY-ST-ZIP LOUISVILLE KY 40201-1438 ☒ Change ☐ Addition

3.1 TITLE SrVP D
3.2 NAME McALLISTER, MICHAEL B.
3.3 STREET ADDRESS 500 W MAIN
3.4 CITY-ST-ZIP LOUISVILLE KY 40201-1438 ☒ Change ☐ Addition

4.1 TITLE CFO
4.2 NAME MURRAY, JAMES E.
4.3 STREET ADDRESS 500 W MAIN
4.4 CITY-ST-ZIP LOUISVILLE KY 40201-1438 ☒ Change ☐ Addition

5.1 TITLE S
5.2 NAME LENAHA, JOAN O.
5.3 STREET ADDRESS 500 W MAIN
5.4 CITY-ST-ZIP LOUISVILLE KY 40201-1438 ☒ Change ☐ Addition

6.1 TITLE VP
6.2 NAME BAURNFEIND, GEORGE
6.3 STREET ADDRESS 500 W MAIN
6.4 CITY-ST-ZIP LOUISVILLE KY 40201-1438 ☒ Change ☐ Addition

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

[Signature]

GEORGE BAURNFEIND, MD, TAXP

APR 30 1998

(502)550-1000

CR2E034 (10/97)