FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **844128** **(9)**

1. Corporation Name

AURORA NATIONAL LIFE ASSURANCE COMPANY

Principal Place of Business	Mailing Address
1001 WADE AVE P.O. BOX 10234 RALEIGH NC 27605	11444 WEST OLYMPIC BLVD. P.O. BOX 10234 LOS ANGELES CA 90064 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/13/1979
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business
21 2525 Colorado Avenue
Suite, Apt. #, etc.
22
City & State
23 Santa Monica, California
Zip 24 90404 County 25

2a. Mailing Address
26 P.O. Box 6090
Suite, Apt. #, etc.
27
City & State
28 Inglewood, California
Zip 29 90312-6090 County 30

4. FEI Number: 95-4441930 ☐ 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
CAPITAL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Kenneth R. Schild
82 Street Address (P.O. Box Number is Not Acceptable): 2525 Colorado Avenue
83
84 City: Santa Monica, California XXFLX 85 Zip Code: 90404

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 _____ Kenneth R. Schild, V. P. & Associate General Counsel
Signature, typed or printed name of registered agent and the date signed (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	11 TITLE	Chief Executive Officer	☒ Change ☐ Addition
NAME	SNYDER, ALAN C	12 NAME	Kenneth R. O'Brien	
STREET ADDRESS	11444 WEST OLYMPIC BLVD.	13 STREET ADDRESS	2525 Colorado Avenue	
CITY-ST-ZIP	LOS ANGELES CA	14 CITY-ST-ZIP	Santa Monica, California 90404	
TITLE	SVP	21 TITLE	President	☒ Change ☐ Addition
NAME	LETTS, GEORGE R	22 NAME	Michael K. Parks	
STREET ADDRESS	11444 WEST OLYMPIC BLVD.	23 STREET ADDRESS	2525 Colorado Avenue	
CITY-ST-ZIP	LOS ANGELES CA	24 CITY-ST-ZIP	Santa Monica, California 90404	
TITLE	SVP	31 TITLE	Chief Financial Officer	☒ Change ☐ Addition
NAME	ADAMS, WILLIAM C	32 NAME	Steven W. Turner	
STREET ADDRESS	11444 WEST OLYMPIC BLVD.	33 STREET ADDRESS	2525 Colorado Avenue	
CITY-ST-ZIP	LOS ANGELES CA	34 CITY-ST-ZIP	Santa Monica, California 90404	
TITLE	SVP	41 TITLE	Senior Vice President	☒ Change ☐ Addition
NAME	CHAN, CHONG P	42 NAME	Dennis M. Schwartz	
STREET ADDRESS	11444 WEST OLYMPIC BLVD.	43 STREET ADDRESS	2525 Colorado Avenue	
CITY-ST-ZIP	LOS ANGELES CA	44 CITY-ST-ZIP	Santa Monica, California 90404	
TITLE	VP	51 TITLE	Senior Vice President	☒ Change ☐ Addition
NAME	TURNER, STEVEN	52 NAME	Raul A. Cruz	
STREET ADDRESS	11444 WEST OLYMPIC BLVD.	53 STREET ADDRESS	2525 Colorado Avenue	
CITY-ST-ZIP	LOS ANGELES CA	54 CITY-ST-ZIP	Santa Monica, California 90404	
TITLE	VP	61 TITLE	Vice President	☒ Change ☐ Addition
NAME	DENNIS, SCHARTZ	62 NAME	Kenneth R. Schild	
STREET ADDRESS	11444 WEST OLYMPIC BLVD.	63 STREET ADDRESS	2525 Colorado Avenue	
CITY-ST-ZIP	LOS ANGELES CA	64 CITY-ST-ZIP	Santa Monica, California 90404	

200.00 Deposited by Bank

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 the address.

SIGNATURE: _____ Dennis M. Schwartz 4/13/95 (310) 264-3200
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Sr. Vice President Date — Daytime Phone #

0479533 FP