FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **844128** (9)

1. Corporation Name

AURORA NATIONAL LIFE ASSURANCE COMPANY

Principal Place of Business
2525 COLORADO AVENUE
SANTA MONICA CA ~~27605~~ 90404
US

Mailing Address
P.O. BOX 6090
INGLEWOOD CA 90312-6090
US

3. Date Incorporated or Qualified: 09/13/1979
3a. Date of Last Report: 05/01/1995

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
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 [X] 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
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] 3/7/96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	[ ] DELETE
NAME	O'BRIEN, KENNETH R.	
STREET ADDRESS	2525 COLORADO AVENUE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	P	[ ] DELETE
NAME	PARKS, MICHAEL K.	
STREET ADDRESS	2525 COLORADO AVENUE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	CFO	[ ] DELETE
NAME	TURNER, STEVEN W.	
STREET ADDRESS	2525 COLORADO AVENUE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	V	[ ] DELETE
NAME	SCHWARTZ, DENNIS M.	
STREET ADDRESS	2525 COLORADO AVENUE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	V	[X] DELETE
NAME	CRUZ, RAUL A	
STREET ADDRESS	2525 COLORADO AVENUE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	V	[ ] DELETE
NAME	SCHILD, KENNETH R.	
STREET ADDRESS	2525 COLORADO AVENUE	
CITY-ST-ZIP	SNATA MONICA CA 90404	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary for filing and does not qualify for the exemption stated 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: [signature] 3/7/96 (310) 264-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)