

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 90404 US	Mailing Address P.O. BOX 6090 INGLEWOOD CA 90312-6090 US
--	---

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/13/1979	3a. Date of Last Report 03/20/1996
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 95-4441930	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITAL BLDG. TALKER HASSELL Rm 2300k Peter F. Souza CT Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324		10. Name and Address of New Registered Agent	
b1. Name		b2. Street Address (P.O. Box Number is Not Acceptable)	
b3. City		b4. State FL b5. 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.
 N/A

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CEO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME O'BRIEN, KENNETH R.		1.2 NAME	
STREET ADDRESS 2525 COLORADO AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP SANTA MONICA CA 90404		1.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE P/CEO/CIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARKS, MICHAEL K.		2.2 NAME	
STREET ADDRESS 2525 COLORADO AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP SANTA MONICA CA 90404		2.4 CITY-ST-ZIP	
TITLE CFO	<input type="checkbox"/> DELETE	3.1 TITLE CFO/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TURNER, STEVEN W.		3.2 NAME	
STREET ADDRESS 2525 COLORADO AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP SANTA MONICA CA 90404		3.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE SVP/ASSISTANT SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHWARTZ, DENNIS M.		4.2 NAME	
STREET ADDRESS 2525 COLORADO AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP SANTA MONICA CA 90404		4.4 CITY-ST-ZIP	
TITLE V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRUZ, RAUL A		5.2 NAME	
STREET ADDRESS 2525 COLORADO AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP SANTA MONICA CA 90404		5.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHILD, KENNETH R.		6.2 NAME	
STREET ADDRESS 2525 COLORADO AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP SANTA MONICA CA 90404		6.4 CITY-ST-ZIP	

See attached list

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: **KENNETH R. SCHILD** *(Signature)* 3/10/1997
 (800) 265-2652 x3680
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

Florida Department of State
 1997 Profit Corporation Annual Report
 Continuation of 12 and 13

pg. 2 of 5

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D	ATTAL, BERNARD 38 HICKS ST BROOKLYN NY 11201	<input type="checkbox"/>	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
D	BARBIZET-DUSSART, PATRICIA M. 5 BD DE LATOUR MAUBOURG PARIS, FRANCE 75007	<input type="checkbox"/>	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
D	DAMERVAL, JEAN-CLAUDE 9, RUE MARGUERITE PARIS FRANCE 75017	<input type="checkbox"/>	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
D	DUMMER, ARTHUR O. 965 E. PIONEER ROAD DRAPER UT 84020	<input type="checkbox"/>	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
D	ERULIN, GILLES M. 5 BD DE LATOUR MAUBOURG PARIS FRANCE 75007	<input type="checkbox"/>	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
D	GAMSIN, MARC H. 1 SUNAMERICA CENTER LOS ANGELES CA 90067	<input type="checkbox"/>	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
D/S	HARTIGAN, JOHN F. 801 SOUTH GRAND AVENUE #2200 LOS ANGELES CA 90071-3189	<input type="checkbox"/>	<input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION

Florida Department of State
 1997 Profit Corporation Annual Report
 Continuation of 12 and 13

pp. 3 of 5

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWAN, JAMES W. 1 SUNAMERICA CENTER LOS ANGELES CA 90067	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN III, JOHN J 5 BD DE LATOUR MAUBOURG PARIS FRANCE 75007	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTROB, JAY S 1 SUNAMERICA CENTER LOS ANGELES CA 90067	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, JAMES, R. ONE EMBARCADERO CENTER, STE 400 SAN FRANCISCO CA 94111	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABRAHAM, MARK, P. 2525 COLORADO AVENUE SANTA MONICA CA 90404	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEAGLE, ELIZABETH M. 2525 COLORADO AVENUE SANTA MONICA CA 90404	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONTROLLER BERBERIAN, ROUPEN 2525 COLORADO AVENUE SANTA MONICA CA 90404	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION

Florida Department of State
 1997 Profit Corporation Annual Report
 Continuation of 12 and 13

pg. 4 of 5

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOSS, MARIANNE 2525 COLORADO AVENUE SANTA MONICA CA 90404	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DRAPCHO, DIANE 2525 COLORADO AVENUE SANTA MONICA CA 90404	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FRANKEL, FRANKEL A. 2525 COLORADO AVENUE SANTA MONICA 90404	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MICHAEL, PATRICK D. 2525 COLORADO AVENUE SANTA MONICA CA 90404	<input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, ROGER 2525 COLORADO AVENUE SANTA MONICA CA 90404	<input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ROMIG, THOMAS A. 2525 COLORADO AVENUE SANTA MONICA CA 90404	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TIMMONS, MARY 2525 COLORADO AVENUE SANTA MONICA CA 90404	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION

Florida Department of State
 1997 Profit Corporation Annual Report
 Continuation of 12 and 13

pg. 5 of 5

<input type="checkbox"/> V	VEACH, JAMES J. 2525 COLORADO AVENUE SANATA MONICA CA 90404	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> D	CHICK, ROBERT A. 134 KENWOOD STREET BURBANK CA	<input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> D	MARSHALL, FREDDIE RAY 2315 RED RIVER AUSTIN TX 78713	<input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> V	CLARK, NATHANIEL 2525 COLORADO AVENUE SANTA MONICA CA 90404	<input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
<input type="checkbox"/> V	COMPTON, CAROL 2525 COLORADO AVENUE SANTA MONICA, CA 90404	<input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION

LEGEND:
 C - CONTROLLER; C - CONTROLLER; CIO - CHIEF INVESTMENT OFFICER;
 CEO - CHIEF EXECUTIVE OFFICER; D - DIRECTOR; V - VICE PRESIDENT; S - SECRETARY; SVP - SENIOR VICE PRESIDENT