

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03/14/2002 AT

03-14-2002 90022 011 \*\*\*150.00

**DOCUMENT # 844128**  
 1. Entity Name  
**AURORA NATIONAL LIFE ASSURANCE COMPANY**

|   |  |
|---|--|
| Principal Place of Business<br><b>2525 COLORADO AVENUE<br/>SANTA MONICA CA 90404<br/>US</b> | Mailing Address<br><b>P.O. BOX 6090<br/>INGLEWOOD CA 90312-6090<br/>US</b> |
|---|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>27201 Tourney Road<br/>Suite, Apt. #, etc.<br/>Suite 225</b> | 3. Mailing Address<br><b>27201 Tourney Road<br/>Suite, Apt. #, etc.<br/>Suite 225</b> |
|---|---|

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| City & State<br><b>Valencia, CA</b> | City & State<br><b>Valencia, CA</b> |
|-------------------------------------|-------------------------------------|

|                     |                      |                     |                      |
|---------------------|----------------------|---------------------|----------------------|
| Zip<br><b>91355</b> | Country<br><b>US</b> | Zip<br><b>91355</b> | Country<br><b>US</b> |
|---------------------|----------------------|---------------------|----------------------|

|                                    |   |  |
|------------------------------------|---|--|
| 4. FEI Number<br><b>95-4441930</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|------------------------------------|---|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|



DO NOT WRITE IN THIS SPACE

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>SOUZA, PETER F<br/>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND RD.<br/>PLANTATION FL 33324</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
|--|--|---|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

|   |   |   |                                    |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>PARKS, MICHAEL K.</b><br><b>2525 COLORADO AVENUE</b><br><b>SANTA MONICA CA 90404</b> <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PCEO</b><br><b>TURNER, STEVEN W.</b><br><b>2525 COLORADO AVENUE</b><br><b>SANTA MONICA CA 90404</b> <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SVAS</b><br><b>SCHWARTZ, DENNIS M.</b><br><b>2525 COLORADO AVENUE</b><br><b>SANTA MONICA CA 90404</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SV</b><br><b>SCHILD, KENNETH R.</b><br><b>2525 COLORADO AVENUE</b><br><b>SNATA MONICA CA 90404</b> <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ATTAL, BERNARD</b><br><b>38 HICKS ST</b><br><b>BROOKLYN NY 11201</b> <input type="checkbox"/> Delete                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BARBIZET-DUSSART, PATRICIA M</b><br><b>5 BD DE LATOUR MAUBOURG</b><br><b>PARIS FR 75007</b> <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **2/20/2002 (661) 253-1688#14**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)