

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

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

Principal Place of Business 27201 TOURNEY RD STE225 VALENCIA, CA 91355 US	Mailing Address 27201 TOURNEY RD STE225 VALENCIA, CA 91355 US
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 95-4441930	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOUZA, PETER F CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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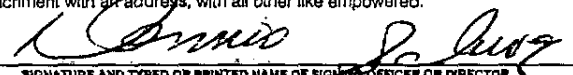
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKS, MICHAEL K. 27201 TOURNEY RD., STE 225 VALENCIA, CA 91355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO TURNER, STEVEN W. 27201 TOURNEY RD., STE 225 VALENCIA, CA 91355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAS SCHWARTZ, DENNIS M. 27201 TOURNEY RD., STE 225 VALENCIA, CA 91355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV SCHILD, KENNETH R. 27201 TOURNEY RD., STE 225 VALENCIA, CA 91355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLES, MARIE ERULIN 12 RUE FRANCOIS 1ER PARIS, FRANCE 75008,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBIZET-DUSSART, PATRICIA M 12 RUE FRANCOIS 1ER PARIS, FRANCE 75008,

**DO NOT WRITE
IN THIS SPACE**

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03/08/04-80140-002 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Date: 2/4/2004	Daytime Phone #: 661-253-1680/14
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		