2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 844128

1. Entity Name
AURORA NATIONAL LIFE ASSURANCE COMPANY

Principal Place of Business	Mailing Address
27201 TOURNEY RD STE225 VALENCIA, CA 91355 US	27201 TOURNEY RD STE225 VALENCIA, CA 91355 US

02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARKS, MICHAEL K.
STREET ADDRESS	27201 TOURNEY RD., STE 225
CITY-ST-ZIP	VALENCIA, CA 91355
TITLE	PCEO
NAME	TURNER, STEVEN W.
STREET ADDRESS	27201 TOURNEY RD., STE 225
CITY-ST-ZIP	VALENCIA, CA 91355
TITLE	SVAS
NAME	SCHWARTZ, DENNIS M.
STREET ADDRESS	27201 TOURNEY RD., STE 225
CITY-ST-ZIP	VALENCIA, CA 91355
TITLE	SV
NAME	SCHILD, KENNETH R.
STREET ADDRESS	27201 TOURNEY RD., STE 225
CITY-ST-ZIP	VALENCIA, CA 91355
TITLE	D
NAME	GILLES, MARIE ERULIN
STREET ADDRESS	12 RUE FRANCOIS 1ER
CITY-ST-ZIP	PARIS, FRANCE 75008,
TITLE	D
NAME	BARBIZET-DUSSART, PATRICIA M
STREET ADDRESS	12 RUE FRANCOIS 1ER
CITY-ST-ZIP	PARIS, FRANCE 75008,

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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: _____ 2/11/05 (661) 253-1685 x14
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #