

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 844128 1. Entity Name AURORA NATIONAL LIFE ASSURANCE COMPANY	
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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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01172006 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

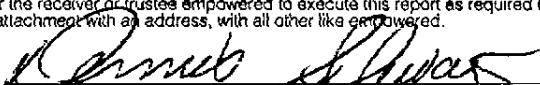
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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,

U00000435052
02/25/06-80026-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  1/23/2006 661-253-1687x
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #