2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# 844128

Entity Name: AURORA NATIONAL LIFE ASSURANCE COMPANY

Current Principal Place of Business:

27201 TOURNEY RD
STE225
VALENCIA, CA 91355 US

New Principal Place of Business:

Current Mailing Address:

27201 TOURNEY RD
STE225
VALENCIA, CA 91355 US

New Mailing Address:

FEI Number: 95-4441930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PARKS, MICHAEL K.
Address: 27201 TOURNEY RD., STE 225
City-St-Zip: VALENCIA, CA 91355

Title: PCEO ( ) Delete
Name: TURNER, STEVEN W.
Address: 27201 TOURNEY RD., STE 225
City-St-Zip: VALENCIA, CA 91355

Title: SVAS ( ) Delete
Name: SCHWARTZ, DENNIS M.
Address: 27201 TOURNEY RD., STE 225
City-St-Zip: VALENCIA, CA 91355

Title: SV ( ) Delete
Name: SCHILD, KENNETH R.
Address: 27201 TOURNEY RD., STE 225
City-St-Zip: VALENCIA, CA 91355

Title: D ( ) Delete
Name: GILLES, MARIE ERULIN
Address: 12 RUE FRANCOIS 1ER
City-St-Zip: PARIS, FRANCE 75008,

Title: D ( ) Delete
Name: BARBIZET-DUSSART, PATRICIA M
Address: 12 RUE FRANCOIS 1ER
City-St-Zip: PARIS, FRANCE 75008,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS M. SCHWARTZ SVP 03/10/2009

Electronic Signature of Signing Officer or Director Date