

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 16 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003633 (5)

1. Corporation Name

LIFECARE ASSURANCE COMPANY

Principal Place of Business

P.O. BOX 4243
WOODLAND HILLS CA 91365-4243

Mailing Address

P.O. BOX 4243
WOODLAND HILLS CA 91365-4243

3. Date Incorporated or Qualified

08/10/1993

3a. Date of Last Report

01/25/1996

4. FEI Number

86-0388413

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 6400 CANOGA AVENUE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 100

27

City & State

City & State

23 WOODLAND HILLS, CA

28

Zip

Country

Zip

Country

24 91367

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETENAME STARRATT, JAMES D.
STREET ADDRESS 6851 WILBUR AVENUE
CITY-ST-ZIP RESEDA CATITLE V ☐ DELETENAME SATO, DICK
STREET ADDRESS 28041 BELLIS AVENUE
CITY-ST-ZIP VALENCIA CATITLE ASD ☐ DELETENAME GLICKMAN, MARLENE G
STREET ADDRESS 5030 ORRVILLE AVE.
CITY-ST-ZIP WOODLAND HILLS CA 91367TITLE VD/T ☐ DELETENAME DISIPIO, DANIEL J JR
STREET ADDRESS 22578 MARGARITA DR.
CITY-ST-ZIP WOODLAND HILLS CA 91364TITLE VD ☐ DELETENAME DIFFLEY, PETER
STREET ADDRESS 4730J LA VILLA MARINA
CITY-ST-ZIP MARINA DEL REY CA 90292TITLE V ☐ DELETENAME SHEARBURN, KIRK R
STREET ADDRESS 640 W. IVY ST., #104
CITY-ST-ZIP GLENDALE CA 91204

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

ALAN S. HUGHES

1/6/97

818-887-4436 Ext 224

CR2E034 (9/96)