

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003633

Entity Name: LIFECARE ASSURANCE COMPANY**Current Principal Place of Business:**21600 OXNARD ST
SUITE 1500
WOODLAND HILLS, CA 91367**Current Mailing Address:**P.O. BOX 4243
WOODLAND HILLS, CA 91365-4243**FEI Number: 86-0388413****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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

Officer/Director Detail :

Title PCEO
Name GLICKMAN, JAMES M
Address 21600 OXNARD ST
SUITE 1500
City-State-Zip: WOODLAND HILLS CA 91367

Title DEVP
Name PETERS, JAY R
Address 21600 OXNARD ST
SUITE 1500
City-State-Zip: WOODLAND HILLS CA 91367

Title DSVP
Name SHEARBURN, KIRK R
Address 21600 OXNARD ST
SUITE 1500
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR
Name GONIK GLICKMAN, MARLENE
Address 21600 OXNARD ST
SUITE 1500
City-State-Zip: WOODLAND HILLS CA 91367

Title SVP
Name FRANKLIN, GWENDOLYN
Address 21600 OXNARD ST
SUITE 1500
City-State-Zip: WOODLAND HILLS CA 91367

Title DSVP
Name DIFFLEY, PETER
Address 21600 OXNARD ST
SUITE 1500
City-State-Zip: WOODLAND HILLS CA 91367

Title DSVP
Name HUGHES, ALAN S
Address 21600 OXNARD ST
SUITE 1500
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR
Name COHEN, SETH L
Address 21600 OXNARD ST
SUITE 1500
City-State-Zip: WOODLAND HILLS CA 91367

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I hereby 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 all other like empowered.

SIGNATURE: JULIANNE SORICE**VP, CFO, TREASURER****04/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	VP CFO, TREASURER
Name	SORICE, JULIANNE
Address	21600 OXNARD ST SUITE 1500
City-State-Zip:	WOODLAND HILLS CA 91367