

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 844128

1. Entity Name
AURORA NATIONAL LIFE ASSURANCE COMPANY



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

Mailing Address
**27201 TOURNEY RD
STE225
VALENCIA, CA 91355 US**



01082007 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

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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,

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

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01/25/07-80005-008-150.00

Dennis Schwartz **DENNIS SCHWARTZ** 1/16/2007 661-253-1689