

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Sep 02, 2008 08:00 AM**  
**Secretary of State**



08212008 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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,

000000958653  
09/02/08-80001-004 150.00

**DO NOT WRITE  
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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis Schwartz

8/25/2008 661-253-1688

Date

Daytime Phone #

x 14