

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 851720 (3)

1. Corporation Name

CAMBRIDGE LIFE INSURANCE COMPANY

Principal Place of Business

**23092 MILL CREEK ROAD
LAGUNA HILLS CA 92653**

Mailing Address

**P.O. BOX 31000
LAGUNA HILLS CA 92654**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

01/28/1982

3a. Date of Last Report

03/14/1994

4. FEI Number

75-1431313

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

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 date of signature

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDC
NAME	VON GREMP, WALTER W
STREET ADDRESS	P.O. BOX 31000 N/A
CITY - ST - ZIP	LAGUNA HILLS CA 92654
TITLE	VD
NAME	VON GREMP, THOMAS W
STREET ADDRESS	P.O. BOX 31000 N/A
CITY - ST - ZIP	LAGUNA HILLS CA 92654
TITLE	STD
NAME	VON GREMP, ANN M
STREET ADDRESS	P.O. BOX 31000 N/A
CITY - ST - ZIP	LAGUNA HILLS CA 92654
TITLE	D
NAME	STEIN, JOHN
STREET ADDRESS	P.O. BOX 31000 N/A
CITY - ST - ZIP	LAGUNA HILLS CA 92654
TITLE	D
NAME	HOWARD, JOHN
STREET ADDRESS	3345 WILSHIRE BLVD SUITE 945
CITY - ST - ZIP	LOS ANGELES CA 90010
TITLE	D
NAME	VON GREMP, ANDREW
STREET ADDRESS	P.O. BOX 31000 N/A
CITY - ST - ZIP	LAGUNA HILLS CA 92654

11 TITLE	D	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	23092 Mill Creek Road	
14 CITY - ST - ZIP	LAGUNA HILLS CA 92653	
21 TITLE	PD	☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	23092 Mill Creek Road	
24 CITY - ST - ZIP	LAGUNA HILLS CA 92653	
31 TITLE	STDC	☒ Change ☐ Addition
32 NAME		
33 STREET ADDRESS	23092 Mill Creek Road	
34 CITY - ST - ZIP	LAGUNA HILLS CA 92653	
41 TITLE	VD	☒ Change ☐ Addition
42 NAME		
43 STREET ADDRESS	23092 Mill Creek Road	
44 CITY - ST - ZIP	LAGUNA HILLS CA 92653	
51 TITLE		☒ Change ☐ Addition
52 NAME		
53 STREET ADDRESS	3435 Wilshire Blvd Suite 945	
54 CITY - ST - ZIP		
61 TITLE		☒ Change ☐ Addition
62 NAME		
63 STREET ADDRESS	23092 Mill Creek Road	
64 CITY - ST - ZIP	LAGUNA HILLS CA 92653	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Martha M. Mays
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 (14) 380-0233
Date Date

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13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12

A.	TITLE	D
	NAME	JODY BILLINGS
	STREET ADDRESS	23092 MILL CREEK ROAD
	CITY-ST-ZIP	LAGUNA HILLS CA 92653
B.	TITLE	D
	NAME	KEN VANCE
	STREET ADDRESS	23092 MILL CREEK ROAD
	CITY-ST-ZIP	LAGUNA HILLS CA 92653
C.	TITLE	D
	NAME	DON BOMEISLER
	STREET ADDRESS	23092 MILL CREEK ROAD
	CITY-ST-ZIP	LAGUNA HILLS CA 92653