

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 92654-1000



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/28/1982		04/04/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Country		75-1431313		Not Applicable	
24		25		5. Certificate of Status Desired		8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VON GREMP, WALTER W			1.2 NAME	James C. Smith		
STREET ADDRESS	23092 MILL CREEK ROAD			1.3 STREET ADDRESS	23092 Mill Creek Rd.		
CITY-ST-ZIP	LAGUNA HILLS CA			1.4 CITY-ST-ZIP	Laguna Hills, CA 92653		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VON GREMP, THOMAS W			2.2 NAME	Edward L. Wristen		
STREET ADDRESS	23092 MILL CREEK ROAD			2.3 STREET ADDRESS	23092 Mill Creek Rd.		
CITY-ST-ZIP	LAGUNA HILLS CA			2.4 CITY-ST-ZIP	Laguna Hills, CA 92653		
TITLE	VTD	<input type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WHITTERS, JOSEPH E			3.2 NAME	Dianna Moynihan		
STREET ADDRESS	23092 MILL CREEK ROAD			3.3 STREET ADDRESS	23092 Mill Creek Rd.		
CITY-ST-ZIP	LAGUNA HILLS CA			3.4 CITY-ST-ZIP	Laguna Hills, CA 92653		
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KURCZ, JOTHE A Lottie A.			4.2 NAME	Alton Dickerson		
STREET ADDRESS	23092 MILL CREEK ROAD			4.3 STREET ADDRESS	23092 Mill Creek Rd.		
CITY-ST-ZIP	LAGUNA HILLS CA			4.4 CITY-ST-ZIP	Laguna Hills, CA 92653		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWARD, JOHN			5.2 NAME			
STREET ADDRESS	3435 WILSHIRE BLVD. SUITE 945			5.3 STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VON GREMP, ANDREW			6.2 NAME			
STREET ADDRESS	23092 MILL CREEK ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	LAGUNA HILLS CA			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.

CR2E034 (9/96)