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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 851720

(3)

FILED

May 15 1998 8:00am

Secretary of State

2	CAMBH	IIDGE LIFE INSURANCE C	OMPANY				
Prin	i cipa l Plac	e of Business	Mailing Address				
23092 MILL CREEK ROAD			P.O. BOX 31000				
LAGUNA HILLS CA 82653			LAGUNA HILLS CA 92654			DO NOT WRITE IN THIS CRACE	
						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
						01/28/1982	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number Applied Fo	
21			26			75-1431313 Not Applied Po	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additions	
22			27			5. Certificate of Status Desirod Fee Required	•
	City & State		City & State			Election Campaign Financing \$5.00 May Be	
23			28			Trust Fund Contribution Added to Fees	
	Zip			Countr	у	8. This corporation owes or has paid the current year Intangible	
24		25 29 30		30		Personal Property Tax due June 30. Yes XNo	
Name and Address of Curre						10. Name and Address of New Registered Agent	
		ORIDA STATE INSURANCE CON	MMISSIONER	81	Name	e	
THE CAPITOL BUILDING				82	Street	et Address (P.O. Box Number is Not Acceptable)	
Tallahassee FL 32301							
				83	1		
				84	City	85 Zip Code	
					′		
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida, Such change was autl agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. 					e-named	d corporation submits this statement for the purpose of changing its register	red .
	agent. La	m familiar with, and accept the oblig	pations of, Section 60 7.0 505, I	lorida Statute	y mie com S.	appointment as registers	/u
	NATURE						
		Signature, typed or pented mone of respetoned as			ent signature	rre required when reinstating) DATE	_
12.			VD DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		C S MITH, JAMES C	☐ DELFTE	1.1 TITLE		ChangeAdd	ition
NAME	MANAGEMENT CONTRACTOR			1.2 NAME		•	
	LACIBIA DILLA CA			1.3 STREET ADDRESS			
	ST-ZIP			1.4 CITY-	S1 · ZIP		
TITLE		, -	☐ DELETE	2.1 HILE		Change Add	ition
NAME		VON GREMP, THOMAS W 23092 MILL CREEK ROAD		2.2 NAME			
	LACUNIA MILLO CA			2.3 STREE	ADDRESS		
	ST-ZIP	VID VID	T bruste	2. 4 CITY -	S1-7IP		
TITLE		WHITTERS, JOSEPH E	∐ DELETE	3.1 TITLE		Change Addi	ILION
NAME	i i			3.2 NAME			
	ET ADDRESS	23092 MILL CREEK ROAD LAGUNA HILLS CA		3.3 STREET ADDRESS			
				3.4. CITY-ST-ZIP			
TITLE	i		☐ DELETE	4.1 THLE		☐ Change ☐ Addi	ilion
NAME	I	AAAAA MIII ODEEN DAAD		4. 2 NAME			i
LACHNIA UILLO CA					ADDRESS		
	ST-ZIP	VSD VSD			ST - 7(P	Dhan- District	ilian I
TITLE		WRISTEN, EDWARD L	L_I DELL'IE	51 TIFLE		Change Addi	люп
NAME	ŀ	ADDOG MULI ODEEN DD		5.2 NAME			
	ET ADDRESS	LACIMA LINES CA			ADDRESS		
	ST-ZiP	PURITY LIFTS ON	X DELETE	5.4 CHY-	ST-7/P	Change X Addi	ition
TITLE		MOYNIHAN, DIANNA	M nereje	6.1 TITLE	٧	_ · · ·	.00A
AAAAA MILL ODEEK OD		23092 MILL CREEK RD				Jane Hannabach	
LACCIBLA DICLO CA							
CITY-	ST-7IP	LACIONA MILLO UA		6 d CITY - !	CT., 71P	Laguna Hills Ch 92653	- 1

14. Thereby certify that the information supplied with this filing closs 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 rehanged, or on an attachment with an address