

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000003006

1. Entity Name
WESTWARD LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address
2929 N. 44TH STREET, #140 **P.O. BOX 6025**
PHOENIX, AZ 85018 **LAKEWOOD, CA 90712**

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
86-0201136

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COMMISSIONER OF INSURANCE
200 E GAINES STREET
TALLAHASSEE, FL 32399-0328

**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, 2004 Fee will be \$550.00

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

U000000073193
03/02/04-80026-017 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PC
SMITH, JAMES H
4040 PARAMOUNT BLVD
LAKEWOOD, CA 907146025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CORDON, FRANK J
18722 ROSITA STREET
TARZANA, CA 91356

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVC
VICKERS, JAN E
4040 PARAMOUNT BLVD
LAKEWOOD, CA 90714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FUJIOKA, DENNIS Y
4040 PARAMOUNT BLVD
LAKEWOOD, CA 90714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
YOSHIOKA, KAORU D
22212 CAMAY COURT
CALABASAS, CA 91305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHNSON, ROBERT C
4040 PARAMOUNT BLVD
LAKEWOOD, CA 90714

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Dennis Fujioka, Treasurer (562)420-6103**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #