

FILED
Jun 08, 2005 8:00 am
Secretary of State

06-08-2005 90004 020 ***550.00

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000003006 1. Entity Name WESTWARD LIFE INSURANCE COMPANY					
Principal Place of Business 2929 N. 44TH STREET, #140 PHOENIX, AZ 85018			Mailing Address P.O. BOX 6025 LAKEWOOD, CA 90712		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 680 Newport Center Dr., Suite 270		
City & State - -			- City & State Newport Beach, CA		
Zip 92660		Country USA		4. FEI Number 86-0201136	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER PO BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE:</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PC NAME SMITH, JAMES H STREET ADDRESS 4040 PARAMOUNT BLVD CITY-ST-ZIP LAKEWOOD, CA 907146025	<input type="checkbox"/> Delete		TITLE President/ Director NAME Michele F. Salta STREET ADDRESS 680 Newport Center Dr., Ste: 270 CITY-ST-ZIP Newport Beach, CA 92660	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME CORDON, FRANK J STREET ADDRESS 18722 ROSITA STREET CITY-ST-ZIP TARZANA, CA 91356	<input type="checkbox"/> Delete		TITLE Vice President/ Director NAME James H Smith STREET ADDRESS 680 Newport Center Dr., Ste: 270 CITY-ST-ZIP Newport Beach, CA 92660	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SVC NAME VICKERS, JAN E STREET ADDRESS 4040 PARAMOUNT BLVD CITY-ST-ZIP LAKEWOOD, CA 90714	<input type="checkbox"/> Delete		TITLE Secretary/ Director NAME Robert C. Johnson STREET ADDRESS 680 Newport Center Dr., Ste: 270 CITY-ST-ZIP Newport Beach, CA 92660	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME FUJIOKA, DENNIS Y STREET ADDRESS 4040 PARAMOUNT BLVD CITY-ST-ZIP LAKEWOOD, CA 90714	<input type="checkbox"/> Delete		TITLE Treasurer/ Director NAME Dennis Y. Fujioka STREET ADDRESS 680 Newport Center Dr., Ste: 270 CITY-ST-ZIP Newport Beach, CA 92660	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME YOSHIOKA, KAORU D STREET ADDRESS 22212 CAMAY COURT CITY-ST-ZIP CALABASAS, CA 91305	<input type="checkbox"/> Delete		TITLE Assistant Secretary/ Director NAME Jan E. Vickers STREET ADDRESS 680 Newport Center Dr., Ste: 270 CITY-ST-ZIP Newport Beach, CA 92660	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JOHNSON, ROBERT C STREET ADDRESS 4040 PARAMOUNT BLVD CITY-ST-ZIP LAKEWOOD, CA 90714	<input type="checkbox"/> Delete		12. I 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 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: _____ Robert C. Johnson			May 25, 2005 949-720-1568 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		