


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90018 003 ***150.00

DOCUMENT # F03000003006 1. Entity Name WESTWARD LIFE INSURANCE COMPANY					
Principal Place of Business 2929 N. 44TH STREET, #140 PHOENIX, AZ 85018			Mailing Address 680 NEWPORT CENTER DRIVE SUITE 270 NEWPORT BEACH, CA 92660		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 86-0201136	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	PD SALTA, MICHELE F <input type="checkbox"/> Delete 680 NEWPORT CENTER DRIVE, SUITE 270 NEWPORT BEACH, CA 92660		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SMITH, JAMES H <input type="checkbox"/> Delete 680 NEWPORT CENTER DRIVE, SUITE 270 NEWPORT BEACH, CA 92660		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JOHNSON, ROBERT C. <input type="checkbox"/> Delete 680 NEWPORT CENTER DRIVE, SUITE 270 NEWPORT BEACH, CA 92660		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FUJIOKA, DENNIS Y <input type="checkbox"/> Delete 680 NEWPORT CENTER DRIVE, SUITE 270 NEWPORT BEACH, CA 92660		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input checked="" type="checkbox"/> Delete YOSHIOKA, KAORU D 22212 CAMAY COURT CALABASAS, CA 91305		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD <input type="checkbox"/> Delete VICKERS, JAN E 4040 PARAMOUNT BLVD LAKEWOOD, CA 90714		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 680 Newport Center Drive, Suite 270 Newport Beach, CA 92660	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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			February 9, 2006 949-720-1568 Secretary		