

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003006

FILED
Mar 31, 2009
Secretary of State

Entity Name: WESTWARD LIFE INSURANCE COMPANY

Current Principal Place of Business:

2929 N. 44TH STREET, #140
PHOENIX, AZ 85018

New Principal Place of Business:

2999 NORTH 44TH STREET
250
PHOENIX, AZ 85018

Current Mailing Address:

9 EXECUTIVE CIRCLE
SUITE 200
IRVINE, CA 326146798

New Mailing Address:

9 EXECUTIVE CIRCLE
SUITE 200
IRVINE, CA 926146798

FEI Number: 86-0201136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
PO BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SALTA, MICHELE F
Address: 680 NEWPORT CENTER DRIVE, SUITE 270
City-St-Zip: NEWPORT BEACH, CA 92660

Title: VD () Delete
Name: SMITH, JAMES H
Address: 680 NEWPORT CENTER DRIVE, SUITE 270
City-St-Zip: NEWPORT BEACH, CA 92660

Title: SD () Delete
Name: JOHNSON, ROBERT C
Address: 680 NEWPORT CENTER DRIVE, SUITE 270
City-St-Zip: NEWPORT BEACH, CA 92660

Title: TD () Delete
Name: FUJIOKA, DENNIS Y
Address: 680 NEWPORT CENTER DRIVE, SUITE 270
City-St-Zip: NEWPORT BEACH, CA 92660

Title: ASD () Delete
Name: VICKERS, JAN E
Address: 680 NEWPORT CTR DR STE 270
City-St-Zip: NEWPORT BEACH, CA 92660

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SALTA, MICHELE F
Address: 9 EXECUTIVE CIRCLE, SUITE 200
City-St-Zip: IRVINE, CA 92614

Title: VD (X) Change () Addition
Name: SMITH, JAMES H
Address: 9 EXECUTIVE CIRCLE, SUITE 200
City-St-Zip: IRVINE, CA 92614

Title: SD (X) Change () Addition
Name: JOHNSON, ROBERT C
Address: 9 EXECUTIVE CIRCLE, SUITE 200
City-St-Zip: IRVINE, CA 92614

Title: TD (X) Change () Addition
Name: FUJIOKA, DENNIS Y
Address: 9 EXECUTIVE CIRCLE, SUITE 200
City-St-Zip: IRVINE, CA 92614

Title: ASD (X) Change () Addition
Name: VICKERS, JAN E
Address: 9 EXECUTIVE CIRCLE, SUITE 200
City-St-Zip: IRVINE, CA 92614

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN VICKERS

ASD

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date