

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003006

FILED
Apr 27, 2011
Secretary of State

Entity Name: WESTWARD LIFE INSURANCE COMPANY

Current Principal Place of Business:

2999 NORTH 44TH STREET
250
PHOENIX, AZ 85018

New Principal Place of Business:

Current Mailing Address:

9 EXECUTIVE CIRCLE
SUITE 200
IRVINE, CA 926146798 US

New Mailing Address:

4818 STARKEY ROAD
ROANOKE, VA 240188542 US

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

OFFICERS AND DIRECTORS:

Title: PD
Name: LEVICKI, GEORGE A
Address: 4818 STARKEY ROAD
City-St-Zip: ROANOKE, VA 240188542 US

Title: STD
Name: WISE, MICHAEL W
Address: 4818 STARKEY ROAD
City-St-Zip: ROANOKE, VA 240188542 US

Title: D
Name: GENTRY, GORDON L
Address: 4818 STARKEY ROAD
City-St-Zip: ROANOKE, VA 240188542 US

Title: D
Name: BROOKS, LYNDELL B
Address: 4818 STARKEY ROAD
City-St-Zip: ROANOKE, VA 240188542 US

Title: D
Name: SHAFFNER, PATRICK N
Address: 4818 STARKEY ROAD
City-St-Zip: ROANOKE, VA 240188542 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL W WISE

STD

04/27/2011

Electronic Signature of Signing Officer or Director

Date