

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90088 040 ***158.75

DOCUMENT # F93000003633	
1. Entity Name LIFECARE ASSURANCE COMPANY	

Principal Place of Business 21600 OXNARD ST SUITE 1500 WOODLAND HILLS, CA 91367 US	Mailing Address P.O. BOX 4243 WOODLAND HILLS, CA 91365-4243
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40002742



01082007 Chg-P CR2E034 (12/06)

4. FEI Number 86-0388413	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GLICKMAN, JAMES M 5030 ORRVILLE AVENUE WOODLAND HILLS, CA 91367 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO HUGHES, ALAN S 23825 KILLION STREET WOODLAND HILLS, CA 91367 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCF DISIPIO, DANIEL J JR. 21650 BURBANK BLVD., 319 WOODLAND HILLS, CA 91367 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PETERS, JAY R 756 HOLBERTSON COURT SIMI VALLEY, CA 93065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVRM DIFFLEY, PETER 22245 ACORN ST CHATSWORTH, CA 91311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCC SHEARBURN, KIRK R 3532 E. ELMA STREET CAMARILLO, CA 93010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **1/12/07** **(818) 867-2235**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kirk R. Shearburn, Senior V.P. & Chief Compliance Officer Date Daytime Phone #

ATTACHMENT
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#F93000003633

State of Florida

LifeCare Assurance Company

Attachment to 2007 For Profit Corporation Annual Report – Continuation of Officers and Directors

Name	Position/Title	Home Address	Telephone Number
Marlene Gonik Glickman	Director	5030 Orrville Avenue Woodland Hills, CA 91367	(818) 348-3555
Gwendolyn Dede Franklin	Vice President, Marketing Services	22249 ½ Erwin Street Woodland Hills, CA 91367	(818) 702-6471
Anthony John Gallotto	Vice President, New Business & Policy Owner Service	452 -E Country Club Drive Simi Valley, CA 93065	(805) 581-0646
Eileen Jill Mangold	Vice President, Product Filing & Regulatory Compliance	866 Links View Drive Simi Valley, CA 93065	(805) 563-1563
Jimmy Dale Rogers	Vice President & Chief Information Officer	23555 Ladrillo St. Woodland Hills, CA 91364	(818) 346-7040
Dick (NMN) Sato	Vice President, Administration	26041 Bellis Drive Valencia, CA 91355	(805) 259-9078
Jay (NMN) Sherman	Vice President, Human Resources	30113 Leticia Court Agoura Hills, CA 91301	(818) 991-4098
Chuck Norman Sheppard	Vice President, Claims Director	604 Twin Peaks Street Simi Valley, CA 93065	(805) 526-7276
Julianne Marie Sorice	Treasurer, Assistant Vice President & Controller	16646 Moorpark Street Encino, CA 91436	(310) 717-1667
Branka (NMN) Weber	Assistant Secretary, Claims Supervisor	21820 Marylee Street, #232 Woodland Hills, CA 91367	818-932-9113



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LifeCare Assurance Company
LifeCare Administrators
21600 Oxnard Street, Suite 1500
Post Office Box 4243
Woodland Hills, CA 91367
(818) 887-4436 / Fax (818) 887-4595

January 12, 2007

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

**RE: LIFECARE ASSURANCE COMPANY – NAIC # 91898
2007 For Profit Corporation Annual Report
Document Number F93000003633**

TO WHOM IT MAY CONCERN:

We are submitting in response to the Department's request, the 2007 For Profit Corporation Annual Report on behalf of LifeCare Assurance Company. Also enclosed is a check in the amount of \$158.75 for the \$150.00 filing fee and the additional fee of \$8.75 for a Certificate of Status report. Please send the Certificate of Status to my attention at the following address.

Clara H. Gray
Long Term Care Administrator
LifeCare Assurance Company
Post Office Box 4243
Woodland Hills, California 91365-4243

For your convenience, a self-addressed, postage pre-paid envelope is included. Should you have questions, you may contact me directly at (800) 366-5463, Extension 2422 or email address: clara.gray@lifecareassurance.com

Sincerely,


Clara Gray
Long Term Care Administrator

Enclosures (check)