
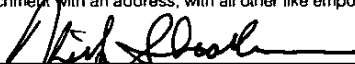


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90012 029 ***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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04082008		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PCEO GLICKMAN, JAMES M 5030 ORRVILLE AVENUE WOODLAND HILLS, CA 91367 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHMENT 1 LIST OF OFFICERS & DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPMS FRANKLIN, GWENDOLYN 22249 1/2 ERWIN 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	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 		4/11/2008 818-867-2235	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Kirk R. Shearburn, Senior Vice President & Chief Compliance Officer		Date Daytime Phone #	

ATTACHMENT

40069396
#F93000003633

LifeCare Assurance Company

Attachment 1

ATTACHMENT

40069396

ATTACHMENT I

F93 00000 3633

LifeCare Assurance Company List of Officers and Directors

Name	Position/Title	Home Address	County	Telephone Number
James Michael Glickman	Director, President, and Chief Executive Officer	2700 S. Las Vegas Blvd., Unit 701 Las Vegas, NV 89109	Clark	(818) 917-6968 702-696-0294
Alan Scot Hughes	Director, Secretary, Executive Vice President, and Chief Operating Officer	23825 Killion Street Woodland Hills, CA 91367	Los Angeles	(818) 884-0164
Jay Robert Peters	Director, Senior Vice President, and Chief Actuary	756 Holbertson Court Simi Valley, CA 93065	Ventura	(805) 577-7973
Peter (NMN) Diffley	Director, Senior Vice President, Risk Management	22245 Acorn St. Chatsworth, CA 91311	Los Angeles	818-739-0626
Kirk Reid Shearburn	Director, Sr. Vice President, and Chief Compliance Officer, Privacy Officer, Asst. Sec.	3532 East Elma Street Camarillo, CA 93010	Ventura	(805) 445-1404
Marlene Gonik Glickman	Director	2700 S. Las Vegas Blvd., Unite 701 Las Vegas, NV 89109	Clark	702-696-0294
Gwendolyn Dede Franklin	Vice President, Marketing Services	22249 1/2 Erwin Street Woodland Hills, CA 91367	Los Angeles	(818) 702-6471
Anthony John Gallotto	Vice President, New Business and Policy Owner Service	452 -E Country Club Drive Simi Valley, CA 93065	Ventura	(805) 581-0646
Eileen Jill Mangold	Vice President, Product Filing and Regulatory Compliance	866 Links View Drive Simi Valley, CA 93065	Ventura	(805) 583-1563
Jimmy Dale Rogers	Vice President, and Chief Information Officer	23555 Ladrillo St. Woodland Hills, CA 91364	Los Angeles	(818) 346-7040
Dick (NMN) Sato	Vice President, Administration	26041 Bellis Drive Valencia, CA 91355	Los Angeles	(661) 259-9078
Charles Norman Sheppard	Vice President Claims Director	604 Twin Peaks Simi Valley, CA 93065-7056	Ventura	805-526-7276
Jay (NMN) Sherman	Vice President, Human Resources	718 Aquamarine Ave. Ventura, CA 93004	Ventura	805.659.1723
Julianne Marie Sorice	Vice President, Controller and Treasurer	16646 Moorpark Street Encino, CA 91436	Los Angeles	310-717-1667
Branka Weber	Assistant Secretary, Claims Supervisor	21820 Marylee Street, #232 Woodland Hills, CA 91367	Los Angeles	818-932-9113

April 11, 2008