

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003633

FILED
Feb 15, 2011
Secretary of State

Entity Name: LIFECARE ASSURANCE COMPANY

Current Principal Place of Business:

21600 OXNARD ST
SUITE 1500
WOODLAND HILLS, CA 91367 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4243
WOODLAND HILLS, CA 913654243

New Mailing Address:

FEI Number: 86-0388413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PCEO
Name: GLICKMAN, JAMES M
Address: 2857 PARADISE ROAD, UNIT 2804
City-St-Zip: LAS VEGAS, NV 89109

Title: SVP
Name: FRANKLIN, GWENDOLYN
Address: 22249 1/2 ERWIN STREET
City-St-Zip: WOODLAND HILLS, CA 91367

Title: DSVP
Name: PETERS, JAY R
Address: 756 HOLBERTSON COURT
City-St-Zip: SIMI VALLEY, CA 93065

Title: DSVP
Name: DIFFLEY, PETER
Address: 22245 ACORN ST
City-St-Zip: CHATSWORTH, CA 91311

Title: DSVP
Name: SHEARBURN, KIRK R
Address: 3532 E. ELMA STREET
City-St-Zip: CAMARILLO, CA 93010

Title: DSVP
Name: HUGHES, ALAN S
Address: 23825 KILLION STREET
City-St-Zip: WOODLAND HILLS, CA 91367

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: LOGA C THAMBIAH

Electronic Signature of Signing Officer or Director

ANAL

02/15/2011

Date