

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003633

FILED  
Feb 25, 2012  
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 (X)**

**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:** DEVP  
**Name:** PETERS, JAY R  
**Address:** 191 SYCAMORE GROVE STREET  
**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: KIRK R. SHEARBURN

DSVP

02/25/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date