**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003653 (3)**

1. Corporation Name
**CALFARM LIFE INSURANCE COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 1601 EXPOSITION BOULEVARD<br>SACRAMENTO CA 95815 | 1601 EXPOSITION BOULEVARD<br>SACRAMENTO CA 95815 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/09/1993**
3a. Date of Last Report: **10/19/1994**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

4. FEI Number: **94-1190655** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| INSURANCE COMMISSIONER<br>THE CAPITOL<br>TALLAHASSEE FL 32399-0300 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DVP | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ANSBRO, ARLINGTON C | 1.2 NAME | | |
| STREET ADDRESS | 1601 EXPOSITION BOULEVARD | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SACRAMENTO CA 95815 | 1.4 CITY-ST-ZIP | | |
| TITLE | D | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | FARNSWORTH, LELAND B | 2.2 NAME | | |
| STREET ADDRESS | 1601 EXPOSITION BOULEVARD | 2.3 STREET ADDRESS | DELETE | |
| CITY-ST-ZIP | SACRAMENTO CA 95815 | 2.4 CITY-ST-ZIP | | |
| TITLE | D | 3.1 TITLE | V | ☒ Change ☐ Addition |
| NAME | GRAY, MYLES M | 3.2 NAME | GRAY, MYLES M. | |
| STREET ADDRESS | 1601 EXPOSITION BOULEVARD | 3.3 STREET ADDRESS | 1601 EXPOSITION BOULEVARD | |
| CITY-ST-ZIP | SACRAMENTO CA 95815 | 3.4 CITY-ST-ZIP | SACRAMENTO, CA 95815 | |
| TITLE | D | 4.1 TITLE | D/P | ☒ Change ☐ Addition |
| NAME | JOFFE, PHILIP M | 4.2 NAME | JOFFE, PHILIP M. | |
| STREET ADDRESS | 1601 EXPOSITION BOULEVARD | 4.3 STREET ADDRESS | 1601 EXPOSITION BOULEVARD | |
| CITY-ST-ZIP | SACRAMENTO CA 95815 | 4.4 CITY-ST-ZIP | SACRAMENTO, CA 95815 | |
| TITLE | D | 5.1 TITLE | V | ☒ Change ☐ Addition |
| NAME | SALTENBERGER, PAMELA G | 5.2 NAME | SALTENBERGER, PAMELA G. | |
| STREET ADDRESS | 1601 EXPOSITION BOULEVARD | 5.3 STREET ADDRESS | 1601 EXPOSITION BOULEVARD | |
| CITY-ST-ZIP | SACRAMENTO CA 95815 | 5.4 CITY-ST-ZIP | SACRAMENTO, CA 95815 | |
| TITLE | VP | 6.1 TITLE | | ☒ Change ☐ Addition |
| NAME | ROBINSON, JAMES E | 6.2 NAME | DELETE | |
| STREET ADDRESS | 21255 CALIFA STREET | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WOODLAND HILLS CA 91367 | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Kari Van Gundy Kari Van Gundy 4/21/95 (916) 924-4405
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

040121 FN

F03000003653

# CALFARM LIFE INSURANCE COMPANY
## CORPORATION ANNUAL REPORT
## ADDITIONS TO OFFICERS AND DIRECTORS
(BLOCK 13)

| | |
|---|---|
| **TITLE:** | S/V |
| **NAME:** | TICKNER, JOHN J. |
| **STREET ADDRESS:** | 21255 CALIFA STREET |
| **CITY/STATE/ZIP:** | WOODLAND HILLS, CA 91367 |

| | |
|---|---|
| **TITLE:** | T/V |
| **NAME:** | VAN GUNDY, KARI |
| **STREET ADDRESS:** | 1601 EXPOSITION BOULEVARD |
| **CITY/STATE/ZIP:** | SACRAMENTO, CA 95815 |

| | |
|---|---|
| **TITLE:** | D/V |
| **NAME:** | TAUBITZ, FREDRICKA |
| **STREET ADDRESS:** | 21255 CALIFA STREET |
| **CITY/STATE/ZIP:** | WOODLAND HILLS, CA 91367 |

| | |
|---|---|
| **TITLE:** | D/V |
| **NAME:** | JACOBSON, MICHAEL W. |
| **STREET ADDRESS:** | 21255 CALIFA STREET |
| **CITY/STATE/ZIP:** | WOODLAND HILLS, CA 91367 |

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|---|---|
| **TITLE:** | V |
| **NAME:** | BRODERICK, III, EDWARD M. |
| **STREET ADDRESS:** | 1601 EXPOSITION BOULEVARD |
| **CITY/STATE/ZIP:** | SACRAMENTO, CA 95815 |

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|---|---|
| **TITLE:** | V |
| **NAME:** | CAZALE, THOMAS M. |
| **STREET ADDRESS:** | 1601 EXPOSITION BOULEVARD |
| **CITY/STATE/ZIP:** | SACRAMENTO, CA 95815 |

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|---|---|
| **TITLE:** | V |
| **NAME:** | CHAPAN, SUZANNE M. |
| **STREET ADDRESS:** | 21255 CALIFA STREET |
| **CITY/STATE/ZIP:** | WOODLAND HILLS, CA 91367 |

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|---|---|
| **TITLE:** | D |
| **NAME:** | HEYWARD, WESTLEY M. |
| **STREET ADDRESS:** | 1601 EXPOSITION BOULEVARD |
| **CITY/STATE/ZIP:** | SACRAMENTO, CA 95815 |

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|---|---|
| **TITLE:** | V |
| **NAME:** | LEE, JR., HYMAN J. |
| **STREET ADDRESS:** | 21255 CALIFA STREET |
| **CITY/STATE/ZIP:** | WOODLAND HILLS, CA 91367 |

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|---|---|
| **TITLE:** | V |
| **NAME:** | LINDBOE, II, ROBERT L. |
| **STREET ADDRESS:** | 1601 EXPOSITION BOULEVARD |
| **CITY/STATE/ZIP:** | SACRAMENTO, CA 95815 |

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|---|---|
| **TITLE:** | V |
| **NAME:** | PETRULA, STEPHEN D. |
| **STREET ADDRESS:** | 21255 CALIFA STREET |
| **CITY/STATE/ZIP:** | WOODLAND HILLS, CA 91367 |

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|---|---|
| **TITLE:** | D |
| **NAME:** | ROBERTSON, M.D., DWIGHT L. |
| **STREET ADDRESS:** | 21255 CALIFA STREET |
| **CITY/STATE/ZIP:** | WOODLAND HILLS, CA 91367 |

| | |
|---|---|
| **TITLE:** | V |
| **NAME:** | TROTMAN, KEITH E. |
| **STREET ADDRESS:** | 21255 CALIFA STREET |
| **CITY/STATE/ZIP:** | WOODLAND HILLS, CA 91367 |

| | |
|---|---|
| **TITLE:** | V |
| **NAME:** | WEIN, PHILIP S. |
| **STREET ADDRESS:** | 21255 CALIFA STREET |
| **CITY/STATE/ZIP:** | WOODLAND HILLS, CA 91367 |

| | |
|---|---|
| **TITLE:** | V |
| **NAME:** | WILLIAMS, PAUL M. |
| **STREET ADDRESS:** | 1601 EXPOSITION BOULEVARD |
| **CITY/STATE/ZIP:** | SACRAMENTO, CA 95815 |

| | |
|---|---|
| **TITLE:** | D/C |
| **NAME:** | ZAX, STANLEY R. |
| **STREET ADDRESS:** | 21255 CALIFA STREET |
| **CITY/STATE/ZIP:** | WOODLAND HILLS, CA 91367 |

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|---|---|
| **TITLE:** | V |
| **NAME:** | ZONCA, STEPHEN |
| **STREET ADDRESS:** | 1601 EXPOSITION BOULEVARD |
| **CITY/STATE/ZIP:** | SACRAMENTO, CA 95815 |