

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000003653 (3)

1. Corporation Name

CALFARM LIFE INSURANCE COMPANY



Principal Place of Business

Mailing Address

~~1601 EXPOSITION BOULEVARD
SACRAMENTO CA 95815~~

~~1601 EXPOSITION BOULEVARD
SACRAMENTO CA 95815~~

1 SunAmerica Center
Century City
Los Angeles, CA 90067

1 SunAmerica Center
Century City
Los Angeles, CA 90067

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 1 SunAmerica Center
Suite, Apt. #, etc.

26 1 SunAmerica Center
Suite, Apt. #, etc.

22 Century City
City & State

27 Century City
City & State

23 Los Angeles, California
Zip Country

28 Los Angeles, California
Zip Country

24 90067-6022 25 U.S.A.

29 90067-6022 30 U.S.A.

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
THE CAPITOL
TALLAHASSEE FL 32399-0300

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

700001746167

-03/16/96--01004-003

***200.00

FL 083 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 ☒ DELETE
NAME ANSBRO, ARLINGTON C
STREET ADDRESS 1601 EXPOSITION BOULEVARD
CITY-STATE-ZIP SACRAMENTO CA 95815

1.1 TITLE VD ☒ Change ☐ Addition
1.2 NAME BELARDI, JAMES R.
1.3 STREET ADDRESS 1 SUNAMERICA CENTER, CENTURY CITY
1.4 CITY-STATE-ZIP LOS ANGELES, CA 90067-6022

TITLE D ☒ DELETE
NAME FARNSWORTH, LELAND B
STREET ADDRESS 1601 EXPOSITION BOULEVARD
CITY-STATE-ZIP SACRAMENTO CA 95815

2.1 TITLE PDC ☒ Change ☐ Addition
2.2 NAME BROAD, ELI
2.3 STREET ADDRESS 1 SUNAMERICA CENTER, CENTURY CITY
2.4 CITY-STATE-ZIP LOS ANGELES, CA 90067-6022

TITLE V ☒ DELETE
NAME GRAY, MYLES M.
STREET ADDRESS 1601 EXPOSITION BOULEVARD
CITY-STATE-ZIP SACRAMENTO CA

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME FIFE, LORIN M.
3.3 STREET ADDRESS 1 SUNAMERICA CENTER, CENTURY CITY
3.4 CITY-STATE-ZIP LOS ANGELES, CA 90067-6022

TITLE DP ☒ DELETE
NAME JOFFE, PHILIP M
STREET ADDRESS 1601 EXPOSITION BOULEVARD
CITY-STATE-ZIP SACRAMENTO CA

4.1 TITLE VD ☒ Change ☐ Addition
4.2 NAME GREER, JANA W.
4.3 STREET ADDRESS 1 SUNAMERICA CENTER, CENTURY CITY
4.4 CITY-STATE-ZIP LOS ANGELES, CA 90067-6022

TITLE V ☒ DELETE
NAME SALTENBERGER, PAMELA G
STREET ADDRESS 1601 EXPOSITION BOULEVARD
CITY-STATE-ZIP SACRAMENTO CA

5.1 TITLE VSD ☒ Change ☐ Addition
5.2 NAME HARRIS, SUSAN L.
5.3 STREET ADDRESS 1 SUNAMERICA CENTER, CENTURY CITY
5.4 CITY-STATE-ZIP LOS ANGELES, CA 90067-6022

TITLE VP ☒ DELETE
NAME ROBINSON, JAMES E
STREET ADDRESS 21255 CALIFA STREET
CITY-STATE-ZIP WOODLAND HILLS CA 91367

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME McMILLAN, PETER
6.3 STREET ADDRESS 1 SUNAMERICA CENTER, CENTURY CITY
6.4 CITY-STATE-ZIP LOS ANGELES, CA 90067-6022

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

310-772-6540

Daytime Phone

CR2E034 (12/95)

F93000003653
Pg. 2

CAL FARM LIFE INSURANCE COMPANY

continuation of ITEM 13

ADDITIONAL DIRECTORS OF OFFICER - 12/31/95

V/D	Robinson, Scott L.	1 SunAmerica Center, Los Angeles, California	90067-6022
V/D	Rowan, James W.	1 SunAmerica Center, Los Angeles, California	90067-6022
V/D	Tumbler, Joseph M.	1 SunAmerica Center, Los Angeles, California	90067-6022
V/D	Wintrob, Jay S.	1 SunAmerica Center, Los Angeles, California	90067-6022
V/C	Gillis, N. Scott	1 SunAmerica Center, Los Angeles, California	90067-6022
V	Reoliquio, Edwin R.	1 SunAmerica Center, Los Angeles, California	90067-6022
V	Akin, Victor A.	1 SunAmerica Center, Los Angeles, California	90067-6022
V	Gray, Myles M.	1601 Exposition Boulevard, Sacramento, California	95815
V	Jones, Keith B.	1 SunAmerica Center, Los Angeles, California	90067-6022
V	Lindquist, Michael L.	1 SunAmerica Center, Los Angeles, California	90067-6022
V	Outcalt, Gregory M.	1 SunAmerica Center, Los Angeles, California	90067-6022
V/T	Richland, Scott H.	1 SunAmerica Center, Los Angeles, California	90067-6022

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