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Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003653 (3)

1. Corporation Name

CALFARM LIFE INSURANCE COMPANY

Principal Place of Business

1 SUNAMERICA CENTER  
CENTURY CITY  
LOS ANGELES CA 90067-6022

Mailing Address

1 SUNAMERICA CENTER  
CENTURY CITY  
LOS ANGELES CA 90067-6022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1993

4. FEI Number

94-1190655

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt #, etc.

26

Suite, Apt #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name

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

83

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

TITLE

VD  
BELARDI, JAMES R  
1 SUNAMERICA CENTER  
LOS ANGELES CA

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

PDC  
BROAD, ELI D  
1 SUNAMERICA CENTER  
LOS ANGELES CA 90067-6022

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

VD  
BROAD, ELI  
1 SUNAMERICA CENTER  
LOS ANGELES CA

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

VD  
GREER, JANA W  
1 SUNAMERICA CENTER  
LOS ANGELES CA 90067-6022

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

VSD  
HARRIS, SUSAN L  
1 SUNAMERICA CENTER  
LOS ANGELES CA 90067-6022

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D  
MCMILLIAN, PETER  
1 SUNAMERICA CENTER  
LOS ANGELES CA 90067-6022

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 in an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN L. HARRIS, SECRETARY

Date

Daytime Phone #

0526821

CR2E034 (10/97)