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 MAY -1 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00736** **(9)**

1. Corporation Name
PM GROUP LIFE INSURANCE CO.

Principal Place of Business	Mailing Address
700 NEWPORT CENTER DRIVE NEWPORT BEACH CA 92660	700 NEWPORT CENTER DRIVE NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/27/1984
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 95-3769814 ☐ 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

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	FERRIS, WILLIAM L.	12 NAME		
STREET ADDRESS	1990 PORT EDWARD CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA	14 CITY-ST-ZIP		
TITLE	SVP	21 TITLE	TREASURER	☐ Change ☐ Addition
NAME	BECK, ROGER	22 NAME	KHANH T. TRAN	
STREET ADDRESS	700 NEWPORT CENTER DR	23 STREET ADDRESS	700 NEWPORT CENTER DRIVE	
CITY-ST-ZIP	NEWPORT BEACH CA	24 CITY-ST-ZIP	NEWPORT BEACH, CA 92660	
TITLE	TD	31 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	SCHAFER, GLENN S.	32 NAME	GLENN S. SCHAFER	
STREET ADDRESS	24036 CORMORANT LANE	33 STREET ADDRESS	24566 SANTA CLARA AVENUE	
CITY-ST-ZIP	LAGUNA NIGUEL CA	34 CITY-ST-ZIP	DANA POINT, CA 92629	
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	MILFS, AUDREY L.	42 NAME		
STREET ADDRESS	26922 ROCKINGHORSE LANE	43 STREET ADDRESS		
CITY-ST-ZIP	LAGUNA HILLS CA	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SUTTON, THOMAS C.	52 NAME		
STREET ADDRESS	4627 CAMDEN DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	CORONA DEL MAR CA	54 CITY-ST-ZIP		
TITLE	V	61 TITLE	8/15/13	☐ Change ☐ Addition
NAME	WIRTHLIN, R. LEE	62 NAME		
STREET ADDRESS	700 NEWPORT CENTER DR	63 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA	64 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)(i), 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: _____ R. LEE WIRTHLIN, VICE PRESIDENT 4/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(714) 760-4086

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