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 # **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

3. Date Incorporated or Qualified: **01/27/1984**	3a. Date of Last Report: **05/01/1995**
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	

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

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's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FERRIS, WILLIAM L.		1.2 NAME		
STREET ADDRESS	1990 PORT EDWARD CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA		1.4 CITY-ST-ZIP		
TITLE	SVP	☒ DELETE	2.1 TITLE	SVP	☐ Change ☒ Addition
NAME	BECK, ROGER		2.2 NAME	GRISWOLD, GERALD W.	
STREET ADDRESS	700 NEWPORT CENTER DR		2.3 STREET ADDRESS	700 NEWPORT CENTER DRIVE	
CITY-ST-ZIP	NEWPORT BEACH CA		2.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHAFER, GLENN S.		3.2 NAME		
STREET ADDRESS	24566 SANTA CLARA AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DANA POINT CA 92629		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MILFS, AUDREY L.		4.2 NAME		
STREET ADDRESS	26922 ROCKINGHORSE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAGUNA HILLS CA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SUTTON, THOMAS C.		5.2 NAME		
STREET ADDRESS	4627 CAMDEN DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORONA DEL MAR CA		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WIRTHLIN, R. LEE		6.2 NAME		
STREET ADDRESS	700 NEWPORT CENTER DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA		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)(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 added on an attachment with an address.

SIGNATURE: _____ VICE PRESIDENT 4/17/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R. LEE WIRTHLIN

CR2E034 (12/95)