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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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
700 NEWPORT CENTER DRIVE
NEWPORT BEACH CA 92660

Mailing Address
700 NEWPORT CENTER DRIVE
NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 | Country 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 | Country 30

3. Date Incorporated or Qualified
01/27/1984

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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ 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, type 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	☐ 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	☐ Change ☐ Addition
NAME	GRISWOLD, GERALD W.		2.2 NAME	
STREET ADDRESS	700 NEWPORT CENTER DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA		2.4 CITY-ST-ZIP	
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	

CR2E034 (10/97)

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 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 _____ VICE PRESIDENT 4/10/98 (949)760-4086