

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

**700 NEWPORT CENTER DRIVE
NEWPORT BEACH CA 92660**

Mailing Address

**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

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD

NAME FERRIS, WILLIAM L.

STREET ADDRESS 1990 PORT EDWARD CIRCLE

CITY- ST- ZIP NEWPORT BEACH CA

TITLE SVP

NAME BECK, ROGER

STREET ADDRESS 700 NEWPORT CENTER DR

CITY- ST- ZIP NEWPORT BEACH CA

TITLE TD

NAME SCHAFER, GLENN S.

STREET ADDRESS 24036 CORMORANT LANE

CITY- ST- ZIP LAGUNA NIGUEL CA

TITLE SD

NAME MILFS, AUDREY L.

STREET ADDRESS 26922 ROCKINGHORSE LANE

CITY- ST- ZIP LAGUNA HILLS CA

TITLE D

NAME SUTTON, THOMAS C.

STREET ADDRESS 4827 CAMDEN DRIVE

CITY- ST- ZIP CORONA DEL MAR CA

TITLE V

NAME WIRTHLIN, R. LEE

STREET ADDRESS 700 NEWPORT CENTER DR

CITY- ST- ZIP NEWPORT BEACH CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(b), 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 applicable, or on an attachment with an address.

SIGNATURE:

R. Lee Wirthlin

R. LEE WIRTHLIN, VICE PRESIDENT 4/17/95

SIGNATURE AND TITLE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(714) 760-4086