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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name P00736

(9)

PM GROUP LIFE INSURANCE CO.									,				
Principal Place of Business Mailing Address										1 14011001 III 08111 E0111 i7001	HANA BULL DAĞUL BI		(B(B)) 8180 (BB)
	200 NEWPORT CENTER DRIVE NEWPORT BEACH CA 92660				700 NEWPORT CENTER DRIVE NEWPORT BEACH CA 92660								
										 Date Incorporated or Qualifie 01/27/1984 		of Last F 5/01/19	
-	Principal Place of Business				2a. Mailing Address					4. FEI Number			Applied For
21	C	Puito Ant H ata			[26]					95-3769814			Not Applicable
22		Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required	
	City & State	City & State			City & State					6. Election Campaign Financing			
23	,	54, 0 0 data			28				Trust Fund Contribution			May Be	
	Ziρ	ip Gountry			Zip Cour					8. This corporation has liability t	or intangible ta		
24		25		29 30					Florida Statutes Yes No				
Name and Address of Current					·					10. Name and Address of New	v Registered	Agent	
							81	Name					
		NCE COMMIS	SIONER			}	82	Street	Addres	s (P.O. Box Number is Not Accep	(able)		
THE CAPITOL													
TALLAHASSEE FL 32301													
						İ	84	Crty			Fi	85 Zi	ip Code
11	 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a or registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 								rporati board	on submits this statement for the of directors. Thereby accept the a		inging its registered	registered office diagent. Lam
Si	GNATURE _	For all are: 15 mestion risk of	ed name of regulated Lagrantians	i i i	annis artis (K.15)	E Delete et	Å 1 I	Levi vistani n	أرزا أعجما		DATE		
12			OFFICERS AND D			1 3.	especial	r signorare re	e- Maneer I Av	ADDITIONS/CHANGES TO C		DIRECTO	DRS IN 12
Till	LE	PD			☐ DELETE	1 1 11	ILE			· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NA	ME	FERRIS, W	illiam L.			1 2 NA	ME	İ					
S٢	REET ADDRESS		EDWARD CIRCLE			135!	HEEL	ADDRESS					
Cil	TY-ST-7-P		BEACH CA			1.4 CH	Y-\$1	I-ZIP					
11	LE	SVP			■ DELETE	2 1 TI	Tt F		SVF)	Ĺ	Change	Addition
NA	ME	BECK, RO				2.2 NA	ΜÉ		GRI	SWOLD, GERALD W.			
ST	REET ADDRESS		ORT CENTER DR			2351	REET.	ADDRESS	700	NEWPORT CENTER D PORT BEACH, CA 92	ŖĮŲE		
	TY-ST-ZIP		BEACH CA		Clobert	2 4 CH		I - ZIF	NEW	PORT BEACH, CA 92			
	LE I	D Schafer,	CI ENN S		☐ DĒLETE	3 1 7						_ Change	Add-tion
	ME REEL ADDRESS		ITA CLARA AVENUE	:		3 2 NA		Angress					
	TY-ST-ZIP		NT CA 92629	•				ADDRESS					
	LE	SD	11 ON DECED		DELFTE	3 4 CIT		- ZIP			·] Change	Addition
	ME	MILFS. AU	DREY L.			4.2 NA						_ onlings	
	REET ADDRESS	,	KINGHORSE LANE					ADDRESS					
	Y-ST-ZIP	LAGUNA H				4.4 CH							
_	i.E	D			☐ DELETE	5 1 1)						Change	Addition
NA	ME	Sutton, 1	HOMAS C.			5.2 NA	MĒ				_	-	_
STI	REET ACORESS	4627 CAMI				5.3.518	HEET A	ADDRESS					
CIT	Y-ST-ZIP	CORONA [DEL MAR CA			5.4 CII	Y - \$1	-7P					
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NA	ME	Wirthlin,				6.2 NA	ΜE						
ST	REET ADDRESS		ORT CENTER DR			6 3 ST	REET	ADDRESS					
CITY-ST-ZIP NEWPORT BEACH CA						6 4 C∗T							
14	 Ldo hereby. 	certify that the in	nformation supplied with	1 this	filing is voluntarily furnis	hed and c	loes	not qua	lify for I	the exemption stated in Section 1	19.07(3)(k), Flo	rida Statu	tes. I further

restrict that the information indicated on this annual report or supplemental annual report is true and accurate and trial 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 chapter 607 are attachment with an address.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT

4/17/96

Daytine Phone #