

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P40569 (6)**
1. Corporation Name
PACIFIC CORINTHIAN LIFE INSURANCE COMPANY



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

3. Date Incorporated or Qualified: **09/17/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **33-0522764**
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: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0602 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 date if applicable. (NOTE: Registered Agent signature required when remitting.) DATE

12. OFFICERS AND DIRECTORS

TITLE	DCG	<input type="checkbox"/> DELETE
NAME	CARMICHAEL, DAVID RICHARD	
STREET ADDRESS	1525 SERENADE TERRACE	
CITY - ST - ZIP	CORONA DEL MAR CA	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	ROLLER, MARILEE	
STREET ADDRESS	28741 CALLE VISTA	
CITY - ST - ZIP	LAGUNA NIGUEL CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILFS, AUDREY LEE	
STREET ADDRESS	26922 ROCKING HORSE LANE	
CITY - ST - ZIP	LAGUNA HILLS CA	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	TRAN, KHANH THIEN	
STREET ADDRESS	511 DELAWARE STRET	
CITY - ST - ZIP	HUNTINGTON BEACH CA	
TITLE	CEOC	<input type="checkbox"/> DELETE
NAME	SCHAFFER, GLENN STANLEY	
STREET ADDRESS	24568 SANTA CLARA AVE.	
CITY - ST - ZIP	DANA POINT CA	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	CARD, LARRY JOSEPH	
STREET ADDRESS	15 CANYON RIDGE	
CITY - ST - ZIP	IRVINE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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: *Marilee Roller* **MARILEE ROLLER** 4/24/96 (714)640-3699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing

CR2E034 (12/95)