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**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 92660-6307**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/17/1992	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 33-0522764	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLHASSEE FL**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 signature required when reinstating)

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	24566 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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PCOO
2.3 STREET ADDRESS	YVES PINKONITZ
2.4 CITY - ST - ZIP	700 Newport Center Dr. Newport Beach, Ca. 92660
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* **REQUIRED** Date: **4/28/97** Daytime Phone #: **(714) 640-3699**

CR2E034 (9/96)