



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Business Corporation  
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 001335717

2. Name of Corporation AURORA NATIONAL LIFE ASSURANCE COMPANY

3. Street Address Principal Business Office:

No. and Street: 16600 SWINGLEY RIDGE ROAD

City or Town: CHESTERFIELD

State: MO Zip: 63017 Country: USA

4. Business Phone No.

5. State of Incorporation

State: CA

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

81

6. Brief Description of the Character of Business Conducted in Rhode Island

THE PURPOSE OF THIS CORPORATION IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A CORPORATION MAY BE ORGANIZED UNDER THE GENERAL CORPORATION LAW OF CALIFORNIA OTHER THAN THE BANKING BUSINESS, TRUST COMPANY BUSINESS OR THE PRACTICE OF A PROFESSION PERMITTED TO BE INCORPORATED BY THE CALIFORNIA CORPORATIONS CODE. THIS CORPORATION IS A CORPORATION SUBJECT TO THE CALIFORNIA INSURANCE CODE AS AN INSURER, THE PRIMARY BUSINESS IN WHICH IT SHALL ENGAGE BEING THE BUSINESS OF TRANSACTING ANY OR ALL LIFE, ACCIDENT AND HEALTH OR DISABILITY INSURANCE UNDER THE LAWS OF THE STATE OF CALIFORNIA OR ANY OTHER STATE OR TERRITORY OF THE UNITED STATES, THE DISTRICT OF COLUMBIA, OR ANY FOREIGN COUNTRY, AS SUCH LAWS NOW PROVIDE OR MAY HEREAFTER BE

AMENDED, WHICH BUSINESS SHALL INCLUDE THE ISSUANCE OF POLICIES OR CONTRACTS OF INSURANCE, THE ACCEPTANCE OR CEDING OF REINSURANCE, AND SUCH OTHER THINGS AS ARE INCIDENTAL, PROPER OR NECESSARY TO THE OPERATION OF SAID BUSINESS.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	SCOTT D. COCHRAN	16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017 USA
TREASURER	BRIAN WILLIAM HAYNES	16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017 USA
SECRETARY	CLIFFORD R. JENKS	16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017 USA
DIRECTOR	LAWRENCE S. CARSON	16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017 USA
DIRECTOR	SCOTT D. COCHRAN	16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017 USA
DIRECTOR	RICHARD LEBLANC	16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017 USA
DIRECTOR	TIMOTHY T. MATSON	16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017 USA
DIRECTOR	LAURA COCKRILL	16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017 USA
DIRECTOR	DAVID P. WHEELER	16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$60.0000	100,000.00	50000

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 2 Day of February, 2017 at 4:34:24 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KELLY LETTMANN  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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