



**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: 2020

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: 63017-1706 Country: USA

4. Business Phone No.

5. State of Incorporation

State: CA

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524113

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 TRANACTING 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.

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| PRESIDENT | LAURA COCKRILL | 16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017-1706 USA |
| TREASURER | BRIAN WILLIAM HAYNES | 16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017-1706 USA |
| SECRETARY | CLIFFORD R. JENKS | 16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017-1706 USA |
| VICE PRESIDENT | BRETT WALDEN | 16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017-1706 USA |
| VICE PRESIDENT | ERIC WALTA | 16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017-1706 USA |
| DIRECTOR | JAMES P. ASH | 16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017-1706 USA |
| DIRECTOR | LAWRENCE S. CARSON | 16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017-1706 USA |
| DIRECTOR | LAURA COCKRILL | 16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017-1706 USA |
| DIRECTOR | MARK M. HOPFINGER | 16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017-1706 USA |
| DIRECTOR | DAVID P. WHEELER | 16600 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017-1706 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 22 Day of January, 2020 at 7:51:22 AM. *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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