

FOR SECRETARY OF STATE USE ONLY

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State . .

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $\_$

2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST HE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 132393 **WESTWARD LIFE INSURANCE COMPANY** 3. Street Address Principal Business Office State 4040 Paramount Blvd. Lakewood CA 90712 4. Business Phone No. 5. State of Incorporation G. SIC Code (562) 420-6103 **ARIZONA** 7. Brief Description of the Character of Business Conducted in Rhode Island LIFE AND HEALTH INSURANCE ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name & DIRECTOR Vice President Name & DIRECTOR <u>Michele F. Salta</u> James Smith Street Address Street Address <u>4040 Paramount Blvd</u> 4040 Paramount Blvd State .....90712..... .....Lakewood. .....907.12..... ....Lakewood... Secretary Name & DIRECTOR & DIRECTOR Dennis Fulioka Robert C. Johnson Street Address Street Address 4040 Paramount Blvd. 4040 Paramount Blvd. State 7.40 90712 90712 ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Jan Vickers David Yoshioka Street Address Street Address 4040 Paramount Blvd. 4040 Paramount Blvd. Lakewood 90712 Director Name Street Address Street Address City State Zip. City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Par Value Class/Series 12,500,000 COMM \$.20 PAR VALUE 12,500,000 0.20 Common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under lenalty of perjury, I deglare and affirm that I have examined this report, duding any accompanying schedules and statements, and that all statements nained herein are true *2/22/*05 Signature of Office Date Check No Dennis Fujioka Print or Type Name of Officer

Treasurer

Title of Officer



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Form 630 Rev. 12/03

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Title of Officer