



**State of Rhode Island  
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: February 1 - May 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:** 2022

**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.**

8778583855

**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 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	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
OTHER OFFICER	WOLTERS KLUWER	28 LIBERTY STREET, 26TH FLOOR NEW YORK, NY 10005 UNI
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**

<b>Class of Stock</b>	<b>Series of Stock</b>	<b>Par Value Per Share</b>	<b>Total Authorized Shares</b> <i>Number of Shares</i>	<b>Total Issued and Outstanding</b> <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 13 Day of April, 2022 at 4:41:42 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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