

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005595

Entity Name: SOUTHWEST INSURANCE AGENCY, INC.**Current Principal Place of Business:**1201 MAIN STREET, SUITE 3500
DALLAS, TX 75270**Current Mailing Address:**1201 MAIN STREET, SUITE 3500
DALLAS, TX 75270 US**FEI Number: 75-1653811****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	FEINBERG, HILL A.
Address	1201 MAIN STREET, SUITE 3500
City-State-Zip:	DALLAS TX 75270

Title	DIRECTOR
Name	GESCHKE, DAVE
Address	1201 MAIN STREET, SUITE 3500
City-State-Zip:	DALLAS TX 75270

Title	TREASURER
Name	LEVENTHAL, LAURA
Address	1201 MAIN STREET, SUITE 3500
City-State-Zip:	DALLAS TX 75270

Title	DIRECTOR, PRESIDENT
Name	NELSON, WILL
Address	1201 MAIN STREET, SUITE 3500
City-State-Zip:	DALLAS TX 75270

Title	SECRETARY
Name	WITTNEBEN, BRIAN L.
Address	1201 MAIN STREET, SUITE 3500
City-State-Zip:	DALLAS TX 75270

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN L. WITTNEBEN**SECRETARY****03/25/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date