

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21978

**Entity Name:** TEXAS LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

900 WASHINGTON AVENUE  
WACO, TX 76701

**Current Mailing Address:**

P.O. BOX 830  
WACO, TX 76703

**FEI Number: 74-0940890**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E GAINES ST  
TALLAHASSEE, FL 32399-0000 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 P  
Name DIXON, DOUGLAS E.  
Address 900 WASHINGTON AVENUE  
City-State-Zip: WACO TX 76701

Title AS  
Name HARRIGAN, PATTY D  
Address 20 GLOVER AVE  
City-State-Zip: NORWALK CT 06850

Title DIRECTOR  
Name WOOD, ANDREW J  
Address 20 GLOVER AVE 4TH FLOOR  
City-State-Zip: NORWALK CT 06850

Title DIRECTOR  
Name LASH, STEVEN D  
Address 20 GLOVER AVE  
City-State-Zip: NORWALK CT 06850

Title DIRECTOR  
Name GREER, MICHAEL  
Address 20 GLOVER AVE  
City-State-Zip: NORWALK CT 06850

Title DIRECTOR  
Name ECKERT, RAYMOND A  
Address 20 GLOVER AVE  
City-State-Zip: NORWALK CT 06850

*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: DIXON, DOUGLAS E.**

**PRESIDENT, CEO**

**03/09/2023**

Electronic Signature of Signing Officer/Director Detail

Date