

2024 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

Title CONTROLLER
Name OKEOWO, YINKA
Address 900 WASHINGTON AVENUE
City-State-Zip: WACO TX 76701

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: YINKA OKEOWO

CONTROLLER

03/11/2024

Electronic Signature of Signing Officer/Director Detail

Date