**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**May 01, 1996 08:00 AM**
**Secretary of State**

DOCUMENT # **827795** **(6)**

1. Corporation Name

**WESTERN NATIONAL LIFE INSURANCE COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 5555 SAN FELIPE<br>900<br>HOUSTON TX 77056<br>US | 5555 SAN FELIPE<br>900<br>HOUSTON TX 77056<br>US |

3. Date Incorporated or Qualified: **04/12/1972**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **75-0770838** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER**
**CAPITOL BUILDING**
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PCEO | ☐ DELETE | 1.1 TITLE | VPD | ☐ Change ☑ Addition |
| NAME | POULOS MICHAEL J | | 1.2 NAME | JOSEPH S. MANISCALCO | |
| STREET ADDRESS | 5555 SAN FELIPE STE900 | | 1.3 STREET ADDRESS | 5555 SAN FELIPE SUITE 900 | |
| CITY-ST-ZIP | HOUSTON TX | | 1.4 CITY-ST-ZIP | HOUSTON, TX 77056 | |
| TITLE | VPD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SCOTT RICHARD W | | 2.2 NAME | | |
| STREET ADDRESS | 5555 SAN FELIPE STE900 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOUSTON TX | | 2.4 CITY-ST-ZIP | | |
| TITLE | VPD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GRAF JOHN | | 3.2 NAME | | |
| STREET ADDRESS | 5555 SAN FELIPE STE900 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOUSTON TX | | 3.4 CITY-ST-ZIP | | |
| TITLE | VPD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCGIMSEY, ARTHUR R | | 4.2 NAME | | |
| STREET ADDRESS | 5555 SAN FELIPE STE900 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOUSTON TX | | 4.4 CITY-ST-ZIP | | |
| TITLE | VPD | ☐ DELETE | 5.1 TITLE | 600001864076 | ☐ Change ☐ Addition |
| NAME | DANIEL WILLIAM | | 5.2 NAME | -06/17/96--01054--013 | |
| STREET ADDRESS | 205 E 10TH ST. | | 5.3 STREET ADDRESS | ***200.00 | |
| CITY-ST-ZIP | AMARILLO TX | | 5.4 CITY-ST-ZIP | | |
| TITLE | VCAD | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | AKERS, MICHAEL J | | 6.2 NAME | | 5/1/96 |
| STREET ADDRESS | 5555 SAN FELIPE SUITE 900 | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOUSTON TX | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** J. S. Maniscalco — 2-2-96 — (713)888-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSEPH S. MANISCALCO