SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997

DOCUMENT #
1. Corporation Name
WESTERN NATIONAL



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 827795 (6)

WESTERN NATIONAL LIFE INSURANCE COMPANY

FILED Aug 25 1997 8:00am Secretary of State

		Mailing Address 5555 SAN FELIPE 900 HOUSTON TX 77056 US			DO NOT 3. Date Incorporated or Qua 04/12/1972	WRITE IN THIS		
2. Principal f	Place of Business	2a. Mailing Address			4, FEI Number	<u>U</u>		oplied For
21		26			75-0770838			ot Applicable
Sulte, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desir	red 🕱		Additional
22 City & Sta	<u></u>	City & State			• Finaliza Comunica Final			equired
23	il O	28			6. Election Campaign Finan- Trust Fund Contribution	cing		May Be to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes or			
24	25	29	30		Personal Property Tax du	e June 30.	Yes [] No
	9, Name and Address of C	Current Registered Agent			10, Name and Address of N	lew Registered	d Agent	
	SURANCE COMMISSIONER		81	Name				
	PITOL BUILDING		82	Street /	Address (P.O. Box Number is Not Ac	ceptable)		
TA	LLAHASSEE FL 32301		83	 				
			63	'				
			84	City		FI.	85 Zip	Code
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office or agent. I a					corporation submits this statement for poration's board of directors. I hereby		of changing i	registered
	Signature, typed or printed name of registr				a required when reinstating)	DATE		
SIGNATURE	Signature, typod or printed name of registr OFFICER	ered agont and the if applicable	(NOTE: Registered Ag		required when reinstating) ADDITIONS/CHANGES TO	DATE		RS IN 12
SIGNATURE	Signature, typod or printed name of registre Att. OFFICER PCEO POULOS MICHAEL J	med agent and the if applicable RS AND DIRECTORS	(NOTE: Registered Ag	gent signature	a required when reinstating)	DATE	ND DIBECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typod or printed name of registre AE OFFICER PCEO POULOS MICHAEL J 5555 SAN FELIPE STE90	med agent and the if applicable RS AND DIRECTORS	(NOTE: Registered Aç 13. 1.1 TITLE 1.2 NAME	gent signature	required when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIBECTOR	RS IN 12
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4. To hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. 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 lifehanged, or on an attachment with an address.

IGNATURE: R-12-97 (7/3)888-780