

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 848341 (4)

1. Corporation Name

SOUTHWESTERN LIFE INSURANCE COMPANY

95 MAY -1 AM 8:19

Principal Place of Business

Mailing Address

500 NORTH AKARD
DALLAS TX 75201

500 NORTH AKARD
DALLAS TX 75201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1981

3a. Date of Last Report

04/20/1994

4. FEI Number

74-2088326

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

STATE INSURANCE COMMISSIONER OF FLORIDA
STATE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BEISENHERZ, ROBERT
STREET ADDRESS 500 NO AKARD
CITY - ST - ZIP DALLAS TX

1.1 TITLE D
1.2 NAME Glenn Howard Gettier, Jr.
1.3 STREET ADDRESS 500 North Akard
1.4 CITY - ST - ZIP Dallas, Texas 75201
 Change Addition

TITLE PD
NAME LAY, W SHERMAN
STREET ADDRESS 500 NO AKARD
CITY - ST - ZIP DALLAS TX

2.1 TITLE PD
2.2 NAME James Raymond Kerber
2.3 STREET ADDRESS 500 North Akard
2.4 CITY - ST - ZIP Dallas, Texas 75201
 Change Addition

TITLE VT
NAME HULL, JOHN T
STREET ADDRESS 100 MALLARD CRK RD
CITY - ST - ZIP LOUISVILLE KY

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 500 North Akard
3.4 CITY - ST - ZIP Dallas, Texas 75201
 Change Addition

TITLE VS
NAME SNYDER, SHERYL
STREET ADDRESS 100 MALLARD CRK RD
CITY - ST - ZIP LOUISVILLE KY

4.1 TITLE VS
4.2 NAME Daniel Benjamin Gail
4.3 STREET ADDRESS 500 North Akard
4.4 CITY - ST - ZIP Dallas, Texas 75201
 Change Addition

TITLE VD
NAME GREVING, ROBERT C
STREET ADDRESS 500 NO AKARD
CITY - ST - ZIP DALLAS TX

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
 Change Addition

TITLE VD
NAME MEKEEL, EDWARD R
STREET ADDRESS 500 NO AKARD
CITY - ST - ZIP DALLAS TX

6.1 TITLE VD
6.2 NAME Richard P. Pimsner
6.3 STREET ADDRESS 500 North Akard
6.4 CITY - ST - ZIP Dallas, Texas 75201
 Change Addition

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 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard P. Pimsner March 21, 1995 214-954-7111

Date

Telephone #