

**PROFIT** FILE NOW: FILING FEE IS ~~\$61.25~~ <sup>200.00</sup>

~~NONPROFIT~~  
CORPORATION  
ANNUAL REPORT  
1996



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

3RD REQUEST  
PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # 848341 (4)

1. Corporation Name  
**SOUTHWESTERN LIFE INSURANCE COMPANY**



Principal Place of Business: **500 NORTH AKARD DALLAS TX 75201**  
Mailing Address: **500 NORTH AKARD DALLAS TX 75201**

3. Date Incorporated or Qualified: **02/26/1981**  
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number <b>74-2088326</b>	Applied For <input type="checkbox"/> Not Applicable			
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>			
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>			
24	Zip	25	Country	29	Zip	30	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**STATE INSURANCE COMMISSIONER OF FLORIDA  
STATE 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D/P</b>
NAME	<b>BEISENHERZ, ROBERT</b>	1.2 NAME	<b>Glenn H. Gettier, Jr.</b>
STREET ADDRESS	<b>500 NO AKARD</b>	1.3 STREET ADDRESS	<b>500 North Akard</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	1.4 CITY-ST-ZIP	<b>Dallas, Texas 75201</b>
TITLE	<b>PD</b>	2.1 TITLE	<b>S/V</b>
NAME	<b>LAY, W SHERMAN</b>	2.2 NAME	<b>Daniel B. Gail</b>
STREET ADDRESS	<b>500 NO AKARD</b>	2.3 STREET ADDRESS	<b>500 North Akard</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	2.4 CITY-ST-ZIP	<b>Dallas, Texas 75201</b>
TITLE	<b>VT</b>	3.1 TITLE	<b>D/V/T</b>
NAME	<b>HULL, JOHN T</b>	3.2 NAME	
STREET ADDRESS	<b>500 NORTH AKARD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VS</b>	4.1 TITLE	<b>V</b>
NAME	<b>SNYDER, SHERYL</b>	4.2 NAME	<b>Richard P. Pimsner</b>
STREET ADDRESS	<b>100 MALLARD CRK RD</b>	4.3 STREET ADDRESS	<b>500 North Akard</b>
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	4.4 CITY-ST-ZIP	<b>Dallas, Texas 75201</b>
TITLE	<b>VD</b>	5.1 TITLE	<b>400001786524</b>
NAME	<b>GREIVING, ROBERT C</b>	5.2 NAME	<b>-04/19/96--01010--027</b>
STREET ADDRESS	<b>500 NO AKARD</b>	5.3 STREET ADDRESS	<b>***200.00</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	6.1 TITLE	<b>D/V</b>
NAME	<b>MEKEEL, EDWARD R</b>	6.2 NAME	<b>Robert J. Bruce</b>
STREET ADDRESS	<b>500 NO AKARD</b>	6.3 STREET ADDRESS	<b>500 North Akard</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	6.4 CITY-ST-ZIP	<b>Dallas, Texas 75201</b>

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)(k), 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: Richard P. Pimsner Richard P. Pimsner April 9, 1996 214-954-7111  
Date: \_\_\_\_\_ Telephone # 504-21-18-96

CR2E037 (12/95)