

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 09 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 848341 (4)**  
 1. Corporation Name  
**SOUTHWESTERN LIFE INSURANCE COMPANY**

Principal Place of Business <b>500 NORTH AKARD DALLAS TX 75201</b>	Mailing Address <b>500 NORTH AKARD DALLAS TX 75201-3320</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>02/26/1981</b>	3a. Date of Last Report <b>04/18/1996</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number <b>74-2088326</b>	Applied For Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
25	30	7. 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		10. Name and Address of New Registered Agent	
<b>STATE INSURANCE COMMISSIONER OF FLORIDA                  STATE CAPITOL BUILDING                  TALLAHASSEE FL 32301</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GETTIER, GLENN H JR.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 NO AKARD	1.2 NAME	
STREET ADDRESS	DALLAS TX	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	VS GAIL, DANIEL B	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 NO AKARD	2.2 NAME	
STREET ADDRESS	DALLAS TX	2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	VTD HULL, JOHN T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 NORTH AKARD	3.2 NAME	
STREET ADDRESS	DALLAS TX	3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	V PIMSNER, RICHARD P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 NORTH AKARD	4.2 NAME	
STREET ADDRESS	DALLAS TX 75201	4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	VD GREVING, ROBERT C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 NO AKARD	5.2 NAME	
STREET ADDRESS	DALLAS TX	5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	VD BRUCE, ROBERT J	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 NO AKARD	6.2 NAME	
STREET ADDRESS	DALLAS TX	6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing 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:** \_\_\_\_\_ **April 1, 1997** **214-954-7111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)