


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

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90008 040 ***150.00

054291

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 848341
 1. Corporation Name
SOUTHWESTERN LIFE INSURANCE COMPANY



Principal Place of Business 500 NORTH AKARD DALLAS TX 75201 US	Mailing Address POB 2699 DALLAS TX 75221 US
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 717 North Harwood Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Dallas Texas Zip Country	27 City & State 28 Dallas Texas Zip Country
24 75201 25	29 30

3. Date Incorporated or Qualified 02/26/1981	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 74-2088326	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, S R	
STREET ADDRESS	717 N HARWOOD	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LEONARD, D A	
STREET ADDRESS	717 N HARWOOD	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	HULL, JOHN T	
STREET ADDRESS	717 N HARWOOD	
CITY-ST-ZIP	DALLAS TX	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	PIMSNER, RICHARD P	
STREET ADDRESS	717 N HARWOOD	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, D B	
STREET ADDRESS	717 N HARWOOD	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOWER, J C	
STREET ADDRESS	717 N HARWOOD	
CITY-ST-ZIP	DALLAS TX 75201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24, 1999 214-954-7111
Date Daytime Phone #

CR2E034 (1/1/98)