2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # 848341** SOUTHWESTERN LIFE INSURANCE COMPANY 04-26-2001 90076 002 ***150.00 Principal Place of Business Mailing Address 717 NORTH HARWOOD P.O. BOX 132699 DALLAS TX 75201 DALLAS TX 75313-2699 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 74-2088326 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STATE INSURANCE COMMISSIONER OF FLORIDA Street Address (P.O. Box Number is Not Acceptable) STATE CAPITOL BUILDING TALLAHASSEE FL 32301 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Delete TITLE Change TITLE Bernard Rapoport JOHNSON, S R NAME NAME 117 noeth Harwood 717 N HARWOOD STREET ADDRESS STREET ADDRESS DALLAS TX 75201 CITY-ST-7'P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition LEONARD, D A NAME NAME 717 N HARWOOD STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP DALLAS TX 75201 TITLE ☐ Delete TITLE Change Addition COMMONS, DAVID ALLEN NAME NAME 717 N HARWOOD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-74P DALLAS TX 75201 Jana Goodman Sappenfield TITI F TITLE HERNDON, BOYD K NAME NAME 717 North Harwood STREET ADDRESS 717 N HARWOOD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 Da 1/95. AVP TITLE ☐ Delete TITLE Change ☐ Addition FARMER, RONALD NAME NAME STREET ADDRESS STREET ADDRESS 717 N HARWOOD CITY-ST-79P CITY-ST-7IP DALLAS TX 75201 4 Hudition TITLE ☐ Delete TATLE Change Linda L. Klee 717 North Harwood NAME NAME STREET ACORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dallas

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR