

**848341**

**September 19, 2002**

**DEBIT          MEMO          ANNUAL          REPORT**  
**DISSOLUTION NOTICE**

**000007860870--0**

**ANNUAL REPORT:    SOUTHWESTERN LIFE**  
**INSURANCE COMPANY**

**DEBIT MEMO: 25311-G**

**CHECK#    10003**



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 23, 2002

SOUTHWESTERN LIFE INSURANCE COMPANY  
175 KING ST.  
ARMONK, NY 10504

SUBJECT: SOUTHWESTERN LIFE INSURANCE COMPANY

Debit Memo #: SOUTHWESTERN LIFE INSURANCE COMPANY

Document #: 848341

Due to your failure to respond to our letter advising you of your returned check and giving you 60 days notice of our intent to revoke the authority of the above corporation to transact business in the State of Florida, said authority has been revoked.

A Certificate of Revocation is enclosed.

# State of Florida



Department of State

## CERTIFICATE OF REVOCATION

The requirements of section 607.1531 or 617.1531, Florida Statutes, requiring 60 days notice of our proposed revocation of the certificate of authority of a foreign corporation authorized to transact business in Florida, have been met for SOUTHWESTERN LIFE INSURANCE COMPANY, a Texas corporation. The certificate of authority of this corporation is hereby revoked as of September 20, 2002 for failure to file the required annual report(s), as required by law.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Twenty-third day of September, 2002



CR2EO22 (7-02)

*Jim Smith*

Jim Smith  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 3, 2002

SOUTHWESTERN LIFE INSURANCE COMPANY  
175 KING ST.  
ARMONK, NY 10504 US

SUBJECT: SOUTHWESTERN LIFE INSURANCE COMPANY  
Ref. Number: 848341

Debit Memo #: 25311-G

This is to inform you that check #10003 dated FEBRUARY 4, 2002 in the amount of \$150.00 submitted with the annual report/uniform business report for SOUTHWESTERN LIFE INSURANCE COMPANY has been returned by your bank because of PAYMENT STOPPED.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$165.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report/uniform business report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after September 3, 2002 and a reinstatement fee of an additional \$600 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (850) 245-6057.

Pat Bailey  
Accountant II

Letter Number: 102A00042040

cc:SOUTHWESTERN LIFE INSURANCE CO  
969 HIGH RIDGE RD.  
STAMFORD, CT 06905