

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -5 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

848341  
Southwestern Life Insurance Company

**2. Principal Office Address**

969 High Ridge Road

Suite, Apt. #, etc.

City & State

Stamford, CT

Zip

06905

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02

**7. Name and Address of Current Registered Agent**

Name

State Insurance Commissioner of Florida

Street Address (P.O. Box Number is Not Acceptable)

State Capitol Building

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

700009354487

12/04/02 01079 004 \*\*750.00

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Chairman	Dubois, Jacques E.	175 King Street	Armonk, NY, 10504
Director CEO, President	Stroup, Chris C.	175 King Street	Armonk, NY, 10504
Director VP, GC	Wilson, W. Weldon	175 King Street	Armonk, NY 10504
Director VP, CFO	Eckert, Raymond A.	175 King Street	Armonk, NY 10504
Director	Beisenherz, Robert L.	8301 E. Prentice Avenue, Ste 303	Englewood, CO 80111
VP Secretary	Harrigan, Patricia D.	175 King street	Armonk, NY 10504

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

Patricia D. Harrigan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-02 (914) 828-8000

Date

Daytime Phone #

CR2E081 (9/01)