

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC -5 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT 02

DOCUMENT #

848341

1. Corporation Name

Southwestern Life Insurance Company

2. Principal Office Address

969 High Ridge Road

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Stamford, CT

City & State

Zip

Country

06905

USA

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

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.

700009354487

12/04/02 01079 004 **750.00

City

Tallahassee

State

FL

Zip Code

32301

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

REGISTERED AGENT MUST SIGN

Date

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, CT 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

Date

(914) 828-8000

Daytime Phone #

CR2E081 (9/01)