
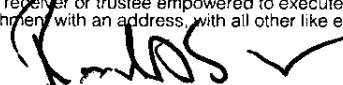


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90009 043 \*\*\*150.00

<b>DOCUMENT # 848341</b> 1. Entity Name <b>SOUTHWESTERN LIFE INSURANCE COMPANY</b>					
Principal Place of Business <b>969 HIGH RIDGE ROAD STAMFORD CT 06905 US</b>			Mailing Address <b>969 HIGH RIDGE ROAD STAMFORD CT 06905 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>74-2088326</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE FL 32399-0000</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>STROUP, CHRIS C</b> <b>175 KING ST.</b> <b>ARMONK NY 10504</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/President</b> <b>Stephen R. McArthur</b> <b>175 King Street</b> <b>Armonk, NY 10504</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO</b> <b>ECKERT, RAYMOND A</b> <b>175 KING ST.</b> <b>ARMONK NY 10504</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>W. Weldon Wilson</b> <b>175 King Street</b> <b>Armonk, NY 10504</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VGC</b> <b>WILSON, W. WELDON</b> <b>175 KING ST.</b> <b>ARMONK NY 10504</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEISENHERZ, ROBERT L</b> <b>175 KING ST.</b> <b>ARMONK NY 10504</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>HARRIGAN, PATRICIA D</b> <b>175 KING ST.</b> <b>ARMONK NY 10504</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>DUBOIS, JACQUES</b> <b>175 KING STREET</b> <b>ATMONK NY 10504</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>Raymond A. Eckert</b> 2/20/04 877/794-7773		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



MOORE CR2E034 (11/03)

Attachment

#848341

44018658

**SOUTHWESTERN LIFE INSURANCE COMPANY**

**Directors**

Jacques E. Dubois, Chairman 175 King Street, Armonk, NY 10504

Robert L. Beisenherz 175 King Street Armonk, NY 10504

Raymond A. Eckert 175 King Street, Armonk, NY 10504

Stephen R. McArthur 175 King Street, Armonk, NY 10504

W. Weldon Wilson 175 King Street, Armonk, NY 10504

**Officer**

**Title**

**Address**

Jacques E. Dubois	Chairman of the Board	Armonk
W. Weldon Wilson	CEO	Armonk
Patricia D. Harrigan	Vice President & Secretary	Armonk
Mark R. Sarlitto	Vice President & General Counsel	Armonk
Thomas J. Brunnegraff	Vice President & Treasurer	Armonk
Barbara S. Cowens	Vice President	Dallas
Raymond A. Eckert	CFO & Vice President	Armonk
Gerald J. Kohout	Vice President	Dallas
Margaret Ashbridge	Vice President & Asst. Secretary	Fort Wayne
Robert C. Read	Vice President & Actuary	Armonk
Elissa B. Kenny	Vice President & Asst. Secretary	Armonk
Robyn A. Wyatt	Vice President	Armonk
Donna H. Kinnaird	Vice President	Dallas
Barry Stopler	Vice President	Armonk
Peter Durand	Vice President & Nat'l Trial Counsel	Southfield
Megan Curoe	Vice President & Claims Counsel	Southfield
Joan E. Olson	Asst. VP & Asst. Secretary	Dallas
Steven E. Weingarten	Asst. Secretary	New York
Michele A. Woodman	Asst. Secretary	Toronto
Richard Bonomi	Asst. Secretary	Armonk

**Address References:**

Armonk: 175 King Street, Armonk, NY 10504  
Dallas: Park Central VIII, 12770 Merit Drive, Suite 600, Dallas, TX 75251  
Denver: 8301 E. Prentice, Suite 303, Greenwood Park, CO 80111  
Fort Wayne: 1700 Magnavox Way, Fort Wayne, IN 46804  
New York: 55 East 52<sup>nd</sup> Street, NY, NY 10055  
Southfield: 25800 Northwestern Hwy, Southfield, MI 48075  
Toronto: 161 Bay Street, Suite 3000, M5J 2T6, Toronto, Canada