


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 848341</b> 1. Entity Name <b>SOUTHWESTERN LIFE INSURANCE COMPANY</b>	
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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>
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**DO NOT WRITE IN THIS SPACE**



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>74-2088326</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCARTHUR, STEPHEN R 175 KING ST. ARMONK, NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO ECKERT, RAYMOND A 175 KING ST. ARMONK, NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WILSON, W. WELDON 175 KING ST. ARMONK, NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEISENHERZ, ROBERT L 175 KING ST. ARMONK, NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HARRIGAN, PATRICIA D 175 KING ST. ARMONK, NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DUBOIS, JACQUES 175 KING STREET ATMONK, NY 10504

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02/22/05-80043-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:  **Raymond A. Eckert, Vice President** 2/3/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #