


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 848341 1. Entity Name SOUTHWESTERN LIFE INSURANCE COMPANY	
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Principal Place of Business 969 HIGH RIDGE ROAD STAMFORD, CT 06905 US	Mailing Address 969 HIGH RIDGE ROAD STAMFORD, CT 06905 US
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02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 #