

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90448 028 \*\*\*150.00

**DOCUMENT # 848341**

1. Entity Name  
**SOUTHWESTERN LIFE INSURANCE COMPANY**



Principal Place of Business

969 HIGH RIDGE ROAD  
STAMFORD, CT 06905 US

Mailing Address

969 HIGH RIDGE ROAD  
STAMFORD, CT 06905 US

**60031497**



2. Principal Place of Business

175 King Street

Suite, Apt. #, etc.

3. Mailing Address

175 King Street

Suite, Apt. #, etc.

04052006 Chg-P CR2E034 (11/05)

City & State  
Armonk, NY

Zip  
10504

Country

City & State  
Armonk, NY

Zip  
10504

Country

4. FEI Number  
74-2088326

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO ECKERT, RAYMOND A 175 KING ST. ARMONK, NY 10504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WILSON, W. WELDON 175 KING ST. ARMONK, NY 10504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEISENHERZ, ROBERT L 175 KING ST. ARMONK, NY 10504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HARRIGAN, PATRICIA D 175 KING ST. ARMONK, NY 10504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DUBOIS, JACQUES 175 KING STREET ATMONK, NY 10504	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list for additional officers & directors	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Eckert, Raymond A. 175 King Street Armonk, NY 10504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOPD Wilson, W. Weldon 175 King Street Armonk, NY 10504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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:

*Elissa B. Kenny*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elissa B. Kenny, Assistant Secretary 4/5/06 877/794-7773

Date

Daytime Phone #

# ATTACHMENT

60031497

# 848341

## Southwestern Life Insurance Company

(All terms indefinite)

<u>Officer</u>	<u>Address</u>
Jacques E. Dubois Chairman of the Board	175 King Street, Armonk, NY
W. Weldon Wilson CEO & President	175 King Street, Armonk, NY
Raymond A. Eckert Vice President	175 King Street, Armonk, NY
Patricia D. Harrigan Vice President, Acting General Counsel and Secretary	175 King Street Armonk, NY
Thomas J. Brunnegraff Vice President and Treasurer	175 King Street, Armonk, NY
Margaret Ashbridge Vice President and Assistant Secretary	1700 Magnavox Way, Fort Wayne, IN
Barbara S. Cowens Vice President	12770 Merit Dr., Dallas, TX
Megan S. Curoe Vice President	25800 Northwestern Parkway, Southfield, MI
Peter J. Durand Vice President	15800 Northwestern Parkway, Southfield, MI
Elissa B. Kenny Vice President and Assistant Secretary	175 King Street, Armonk, NY
Donna H. Kinnaird Vice President	175 King Street, Armonk, NY
Gerald J. Kohout Vice President	12770 Merit Dr., Dallas, TX
Wayne E. Locke Vice President	175 King Street, Armonk, NY
Larry J. McClanahan Vice President	12770 Merit Dr., Dallas, TX
Carlos Ramos Vice President	1700 Magnavox Way, Fort Wayne, IN
Robert C. Read Vice President and Actuary	175 King Street, Armonk, NY
Barry S. Stopler Vice President	175 King Street, Armonk, NY
Robyn A. Wyatt Vice President and Chief Financial Officer	175 King Street, Armonk, NY 10504

# ATTACHMENT

60031497

#848341

Craig Esses  
Assistant Vice President

175 King Street, Armonk, NY

Joan E. Olson  
Assistant Vice President and Assistant Secretary

12770 Merit Dr., Dallas, TX

Karen Krinn  
Assistant Secretary

1700 Magnavox Way, Fort Wayne, IN

Mark Lemon  
Assistant Secretary

1700 Magnavox Way, Fort Wayne, IN

Michele A. Woodman  
Assistant Secretary

150 King Street, Toronto ON M5H 1J9

## Directors

Jacques E. Dubois

175 King Street, Armonk

Robert L. Beisenhertz

7 Cluny Court, The Woodlands, TX

Raymond A. Eckert

175 King Street, Armonk, NY

W. Weldon Wilson

175 King Street, Armonk, NY