FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/17/95--01183--005
****200.00 ****200.00

DOCUMENT # **P35423** **(3)**

1. Corporation Name
WESTWOOD LIFE INSURANCE COMPANY

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
30851 W AGOURA ROAD AGOURA HILLS CA 91301 US	P O DRAWER 3199 WESTLAKE VILLAGE CA 91359 US

3. Date Incorporated or Qualified: **09/09/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **86-0387892** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	11 TITLE	D	☒ Change ☐ Addition
NAME	GORDON, FRANK J.	12 NAME	Marc G. Metcalf	
STREET ADDRESS	30851 W AGOURA ROAD, 3RD FLOOR	13 STREET ADDRESS	30851 W. Agoura Road, 3rd Floor	
CITY-ST-ZIP	AGOURA HILLS CA	14 CITY-ST-ZIP	Agoura Hills, CA 91301	
TITLE	SVPD	21 TITLE	DCP	☒ Change ☐ Addition
NAME	KELLOGG, CLAUDE CARROLL	22 NAME	E. David Bostic	
STREET ADDRESS	30851 W AGOURA ROAD, 3RD FLOOR	23 STREET ADDRESS	30851 W. Agoura Road, 3rd Floor	
CITY-ST-ZIP	AGOURA HILLS CA	24 CITY-ST-ZIP	Agoura Hills, CA 91301	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	OWENS, JAMES JACOB	32 NAME		
STREET ADDRESS	30851 AGOURA RD, 3RD FL	33 STREET ADDRESS		
CITY-ST-ZIP	AGOURA HILLS CA	34 CITY-ST-ZIP		
TITLE	TDVP	41 TITLE		☐ Change ☐ Addition
NAME	OBEDENCIO, SANTIAGO U.	42 NAME		
STREET ADDRESS	30851 AGOURA RD, 3RD FL	43 STREET ADDRESS		
CITY-ST-ZIP	AGOURA HILLS CA	44 CITY-ST-ZIP		
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	OBEDENCIO, SANTIAGO U.	52 NAME		
STREET ADDRESS	30851 AGOURA RD, 3RD FL	53 STREET ADDRESS		
CITY-ST-ZIP	AGOURA HILLS CA	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	DVP	☒ Change ☐ Addition
NAME	KNOTT, ROBERT HENRY	62 NAME	Richard B. Salmon	
STREET ADDRESS	30851 AGOURA RD, 3RD FL	63 STREET ADDRESS	30851 W. Agoura Road, 3rd Floor	
CITY-ST-ZIP	AGOURA HILLS CA	64 CITY-ST-ZIP	Agoura Hills, CA 91301	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

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

0402012 FP