

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P35423** (3)

1. Corporation Name  
**WESTWOOD LIFE INSURANCE COMPANY**

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



2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip Country

3. Date Incorporated or Qualified: **09/09/1991**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **86-0387892**  
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 (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0002 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607.0002, Florida Statutes. I hereby accept the appointment as registered agent. I am

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	METCALF, MARC G	
STREET ADDRESS	30851 W. AGOURA RD. 3TH FLOOR	
CITY - ST - ZIP	AGOURA HILLS CA 91301	
TITLE	DCP	DELETE
NAME	BOSTIC, E. DAVID	
STREET ADDRESS	30851 W. AGOURA RD. 3TH FLOOR	
CITY - ST - ZIP	AGOURA HILLS CA 91301	
TITLE	SD	DELETE
NAME	OWENS, JAMES JACOB	
STREET ADDRESS	30851 AGOURA RD, 3RD FL	
CITY - ST - ZIP	AGOURA HILLS CA	
TITLE	TDVP	DELETE
NAME	OBEDENCIO, SANTIAGO U.	
STREET ADDRESS	30851 AGOURA RD, 3RD FL	
CITY - ST - ZIP	AGOURA HILLS CA	
TITLE	AS	DELETE
NAME	OBEDENCIO, SANTIAGO U.	
STREET ADDRESS	30851 AGOURA RD, 3RD FL	
CITY - ST - ZIP	AGOURA HILLS CA	
TITLE	DVP	DELETE
NAME	SALMON, RICHARD B	
STREET ADDRESS	30851NW. AGOURA RD. 3TH FLOOR	
CITY - ST - ZIP	AGOURA HILLS CA 91301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11. TITLE	TD	Change	Addition
12. NAME	Kevin Martin Carr		
13. STREET ADDRESS	30851 W. Agoura Rd.		
14. CITY - ST - ZIP	Agoura Hills, CA 91301		
21. TITLE	VPD	Change	Addition
22. NAME	Richard Willis Bergmann		
23. STREET ADDRESS	30851 W. Agoura Rd.		
24. CITY - ST - ZIP	Agoura Hills, CA 91301		
31. TITLE		Change	Addition
32. NAME			
33. STREET ADDRESS			
34. CITY - ST - ZIP			
41. TITLE		Change	Addition
42. NAME			
43. STREET ADDRESS			
44. CITY - ST - ZIP			
51. TITLE		Change	Addition
52. NAME			
53. STREET ADDRESS			
54. CITY - ST - ZIP			
61. TITLE		Change	Addition
62. NAME			
63. STREET ADDRESS			
64. CITY - ST - ZIP			

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)(a), 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: *Kevin M Carr* *Kevin M Carr* 6/1/96 86-0387892  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE FILE #

CR2E034 (12/95)