

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 91359-0199 US
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3. Date Incorporated or Qualified 09/09/1991	3a. Date of Last Report 06/17/1996
4. FEI Number 86-0387892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	METCALF, MARC G
STREET ADDRESS	30851 W. AGOURA RD. 3TH FLOOR
CITY-ST-ZIP	AGOURA HILLS CA 91301
TITLE	DCP <input checked="" type="checkbox"/> DELETE
NAME	BOSTIC, E. DAVID
STREET ADDRESS	30851 W. AGOURA RD. 3TH FLOOR
CITY-ST-ZIP	AGOURA HILLS CA 91301
TITLE	SD <input type="checkbox"/> DELETE
NAME	OWENS, JAMES JACOB
STREET ADDRESS	30851 AGOURA RD, 3RD FL
CITY-ST-ZIP	AGOURA HILLS CA
TITLE	TD <input type="checkbox"/> DELETE
NAME	CARR, KEVIN M
STREET ADDRESS	30851 W AGOURA ROAD
CITY-ST-ZIP	AGOURA HILLS CA 91301
TITLE	VPD <input type="checkbox"/> DELETE
NAME	BERGMANN, RICHARD W
STREET ADDRESS	30851 W AGOURA ROAD
CITY-ST-ZIP	AGOURA HILLS CA 91301
TITLE	DVP <input type="checkbox"/> DELETE
NAME	SALMON, RICHARD B
STREET ADDRESS	30851NW. AGOURA RD. 3TH FLOOR
CITY-ST-ZIP	AGOURA HILLS CA 91301

1b. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DCP <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	A. LOUIS PARKER
1.3 STREET ADDRESS	30851 W. Agoura Road
1.4 CITY-ST-ZIP	Agoura Hills CA 91301
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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:  **James J. Owens, SrVP&Director 4/24/97** (818) 706-6919

CR2E034 (9/96)