

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

FILED  
Apr 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/09/1991**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 <b>4850 STREET ROAD</b>		86-0387892		Not Applicable	
22 City & State		27 <b>TREYOSE, PA.</b>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 <b>19049</b>		30 <b>U.S.A.</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	VPD
NAME	PARKER, LOUIS A	1.2 NAME	MUNSON, DANIEL C.
STREET ADDRESS	30851 W AGOURA RD	1.3 STREET ADDRESS	30851 AGOURA ROAD
CITY-ST-ZIP	AGOURA HILLS CA	1.4 CITY-ST-ZIP	AGOURA HILLS, CA 91301
TITLE	SD	2.1 TITLE	VPD
NAME	OWENS, JAMES JACOB	2.2 NAME	ATTEY, JOHN W.
STREET ADDRESS	30851 AGOURA RD, 3RD FL	2.3 STREET ADDRESS	30851 AGOURA ROAD
CITY-ST-ZIP	AGOURA HILLS CA	2.4 CITY-ST-ZIP	AGOURA HILLS, CA. 91301
TITLE	TD	3.1 TITLE	
NAME	CARR, KEVIN M	3.2 NAME	
STREET ADDRESS	30851 W AGOURA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	AGOURA HILLS CA 91301	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	
NAME	BERGMANN, RICHARD W	4.2 NAME	
STREET ADDRESS	30851 W AGOURA ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	AGOURA HILLS CA 91301	4.4 CITY-ST-ZIP	
TITLE	DVP	5.1 TITLE	
NAME	SALMON, RICHARD B	5.2 NAME	
STREET ADDRESS	30851NW. AGOURA RD. 3TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	AGOURA HILLS CA 91301	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: X

3/30/98

CR2E034 (10/97)