

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90011 048 ***550.00

DOCUMENT # P35423

1. Corporation Name

WESTWOOD LIFE INSURANCE COMPANY



Principal Place of Business

30851 W AGOURA ROAD
AGOURA HILLS CA 91301
US

Mailing Address

4850 STREET ROAD
TREVOSSE PA 1909
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1991

2. Principal Place of Business

21 **4850 Street Road**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **TREVOSSE, PA**

24 Zip

19049

Country

US

27 City & State

28 **TREVOSSE, PA**

Zip

19049

Country

US

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 owes the current year
Intangible Personal Property. ☐ 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DCP** ☐ DELETE

NAME **PARKER, LOUIS A**
STREET ADDRESS **30851 W AGOURA RD**
CITY-ST-ZIP **AGOURA HILLS CA**

TITLE **SD** ☐ DELETE

NAME **OWENS, JAMES JACOB**
STREET ADDRESS **30851 AGOURA RD, 3RD FL**
CITY-ST-ZIP **AGOURA HILLS CA**

TITLE **VPD** ☐ DELETE

NAME **MUMSON, DANIEL C**
STREET ADDRESS **30851 AGOURA ROAD**
CITY-ST-ZIP **AGOURA HILLS CA 91301**

TITLE **VPD** ☐ DELETE

NAME **BERGMANN, RICHARD W**
STREET ADDRESS **30851 W AGOURA ROAD**
CITY-ST-ZIP **AGOURA HILLS CA 91301**

TITLE **DVP** ☐ DELETE

NAME **SALMON, RICHARD B**
STREET ADDRESS **30851 NW AGOURA RD, 3TH FLOOR**
CITY-ST-ZIP **AGOURA HILLS CA 91301**

TITLE **VPD** ☐ DELETE

NAME **ATTEY, JOHN W**
STREET ADDRESS **30851 AGOURA ROAD**
CITY-ST-ZIP **AGOURA HILLS CA 91301**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DC** ☒ Change ☐ Addition

1.2 NAME **PARKER, LOUIS A**
1.3 STREET ADDRESS **4850 STREET ROAD**
1.4 CITY-ST-ZIP **TREVOSSE, PA 19049**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **DP** ☒ Change ☐ Addition

3.2 NAME **MUNSON, DANIEL C**
3.3 STREET ADDRESS **4850 STREET ROAD**
3.4 CITY-ST-ZIP **TREVOSSE, PA 19049**

4.1 TITLE **VPD** ☒ Change ☐ Addition

4.2 NAME **BERGMANN, RICHARD W**
4.3 STREET ADDRESS **4850 STREET ROAD**
4.4 CITY-ST-ZIP **TREVOSSE, PA 19049**

5.1 TITLE **VPD** ☒ Change ☐ Addition

5.2 NAME **SALMON, RICHARD B**
5.3 STREET ADDRESS **4850 STREET ROAD**
5.4 CITY-ST-ZIP **TREVOSSE, PA 19049**

6.1 TITLE **VPD** ☒ Change ☐ Addition

6.2 NAME **ATTEY, JOHN W**
6.3 STREET ADDRESS **4850 STREET ROAD**
6.4 CITY-ST-ZIP **TREVOSSE, PA 19049**

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:

SIGNATURE REQUIRED

A. Louis Parker 9/14/99 (215) 953-3917

CR2E034 (5/99)

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