

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 827087

**Entity Name:** LIFE INSURANCE COMPANY OF THE SOUTHWEST

**Current Principal Place of Business:**

15455 N. DALLAS PARKWAY  
ADDISON, TX 75001

**Current Mailing Address:**

ONE NATIONAL LIFE DRIVE M500  
MONTPELIER, VT 05604 US

**FEI Number: 75-0953004**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

INSURANCE COMMISSION  
CAPITOL BUILDING  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT & CEO, DIRECTOR  
Name            ASSADI, MEHRAN  
Address        ONE NATIONAL LIFE DRIVE  
City-State-Zip: MONTPELIER VT 05604

Title            SECRETARY  
Name            MULLER, LISA  
Address        ONE NATIONAL LIFE DRIVE  
City-State-Zip: MONTPELIER VT 05604

Title            EVP AND COO  
Name            COTTON, ROBERT E  
Address        ONE NATIONAL LIFE DR  
City-State-Zip: MONTPELIER VT 05604

Title            SVP & CIO  
Name            DOIRON, JASON  
Address        ONE NATIONAL LIFE DRIVE  
City-State-Zip: MONTPELIER VT 05604

Title            SVP AND CHIEF RISK OFFICER  
Name            SANDBERG, ERIC  
Address        15455 N. DALLAS PARKWAY  
City-State-Zip: ADDISON TX 75001

Title            DIRECTOR  
Name            COTTON, ROBERT E.  
Address        ONE NATIONAL LIFE DR  
City-State-Zip: MONTPELIER VT 05604

Title            DIRECTOR  
Name            MCCRAW, ANGELA  
Address        ONE NATIONAL LIFE DRIVE M500  
City-State-Zip: MONTPELIER VT 05604

Title            DIRECTOR  
Name            BURMESTER, STEPHANIE  
Address        ONE NATIONAL LIFE DRIVE M500  
City-State-Zip: MONTPELIER VT 05604

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LISA F. MULLER**

**CORPORATE SECRETAR    03/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            FLAGG, DARLENE  
Address        ONE NATIONAL LIFE DRIVE M500  
City-State-Zip: MONTPELIER VT 05604