



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000128146

2. Name of Corporation SOUTHWEST REINSURE, INC.

3. Street Address Principal Business Office:

No. and Street: 2400 LOUISIANA BOULEVARD NE, AFC 4

City or Town: ALBUQUERQUE

State: NM Zip: 87110 Country: USA

4. Business Phone No.

(972) 813-0913

5. State of Incorporation

State: NM

6. Brief Description of the Character of Business Conducted in Rhode Island

TO ACT AS A THIRD PARTY ADMINISTRATOR AND A PRODUCER FOR CREDIT LIFE,
ACCIDENT AND HEALTH AND PROPERTY AND CASUALTY INSURANCE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	GABRIEL GALAVIZ	15920 ADDISON ROAD ADDISON, TX 75001 USA
PRESIDENT	JAMES B SMITH	2400 LOUISIANA BOULEVARD NE, AFC 4 ALBUQUERQUE, NM 87110- USA
DIRECTOR	GABRIEL GALAVIZ	15920 ADDISON ROAD ADDISON, TX 75001 USA
DIRECTOR	JAMES B SMITH	2400 LOUISIANA BLVD. NE, AFC 4 ALBUQUERQUE, NM 87110 USA
SECRETARY	VIKI L WINIGER	15920 ADDISON ROAD ADDISON, TX 75001 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.00	10,000.00	1000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 1 Day of March, 2011 at 6:48:38 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By SARAH A. KENNEDY
Signature of Authorized Representative of the Corporation

POWER OF ATTORNEY
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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