

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortmann
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 841663 (8)

1. Corporation Name

NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY



Principal Place of Business

5220 SPRING VALLEY RD.
SUITE 400
DALLAS TX 85240
US

Mailing Address

P. BOX 802207
DALLAS TX 75380-2207
US

3. Date Incorporated or Qualified
10/19/1978

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FLI Number
75-1623431

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE, FLORIDA DMFL 32304

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 607.0702 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 by the principal place of business or the registered agent

Signature by the new registered agent or the new office

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
PD	MARTIN, RAYMOND J. J	5220 SPRING VALLEY, SUITE 400	DALLAS TX	<input type="checkbox"/>
SD	HAYES, RHONDA SUE	5220 SPRING VALLEY, SUITE 400	DALLAS TX	<input type="checkbox"/>
TD	LANGHAM, TILLMAN J. J	5220 SPRING VALLEY, SUITE 400	DALLAS TX	<input type="checkbox"/>
D	BARNES, WILLIAM F.	ROUTE 2, BOX 355-E	POTTSBORO TX	<input type="checkbox"/>
CD	ELLARD, BILLY JOE	5220 SPRING VALLEY, SUITE 400	DALLAS TX	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME		<input type="checkbox"/>	<input type="checkbox"/>
13 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
14 CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME		<input type="checkbox"/>	<input type="checkbox"/>
23 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
24 CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME		<input type="checkbox"/>	<input type="checkbox"/>
33 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
34 CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME		<input type="checkbox"/>	<input type="checkbox"/>
43 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
44 CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME		<input type="checkbox"/>	<input type="checkbox"/>
53 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
54 CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME		<input type="checkbox"/>	<input type="checkbox"/>
63 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
64 CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Brenda B. Hilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/96 214-386-7037
6-25-96
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**National Teachers Associates Life Insurance Company
1996 Annual Corporation Report to Florida
Additional Officers & Directors**

Assistant Secretary

Brenda Beth Wilson
5220 Spring Valley, Suite 400
Dallas, TX 75240

Director

Charles Frederick Ball, Jr.
1909 Woodall Rogers, 3rd Floor
Dallas, TX 75201