

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 841663 (8)
 1. Corporation Name
NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMP ANY



Principal Place of Business 5220 SPRING VALLEY RD. SUITE 400 DALLAS TX 85240 US	Mailing Address P. BOX 602207 DALLAS TX 75360-2207 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 75240	29 US

3. Date Incorporated or Qualified 10/19/1978	3a. Date of Last Report 06/25/1996
4. FEI Number 75-1623431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILSON, BRENDA BETH	
2.3 STREET ADDRESS	5220 SPRING VALLEY, SUITE 320	
2.4 CITY-ST-ZIP	DALLAS, TX	
3.1 TITLE	TDV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LANGHAM, JAMES TILLMAN, JR.	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ELLARD, BRIAN MARK	
6.3 STREET ADDRESS	5220 SPRING VALLEY, SUITE 400	
6.4 CITY-ST-ZIP	DALLAS, TX	

14. I do 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: *Sandra B. Mortham*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97 972-386-7037, X236

Date Daytime Phone #

CR2E034 (9/96)