

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).

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90002 018 \*\*\*550.00



PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

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

**DOCUMENT # 841663**

1. Corporation Name

**NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMP ANY**



Principal Place of Business

4949 KELLER SPRINGS RD.  
 ADDISON TX 75248-5910  
 US

Mailing Address

4949 KELLER SPRINGS RD.  
 ADDISON TX 75248-5910  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1978

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

75-1623431

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip

Country

Zip

Country

75001-5910

25

75001-5910

30

8. This corporation owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER OF FLORIDA  
 CAPITOL BUILDING  
 TALLAHASSEE, FLORIDA DMFL 32304

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
 NAME MARTIN, RAYMOND J. J.  
 STREET ADDRESS 5220 SPRING VALLEY, SUITE 400  
 CITY-ST-ZIP DALLAS TX

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS 4949 Keller Springs Road  
 1.4 CITY-ST-ZIP Addison, TX 75001-5910

TITLE S  DELETE  
 NAME HILL, BRENDA B.  
 STREET ADDRESS 5220 SPRING VALLEY, SUITE 400  
 CITY-ST-ZIP DALLAS TX

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS 4949 Keller Springs Road  
 2.4 CITY-ST-ZIP Addison, TX 75001-5910

TITLE TDV  DELETE  
 NAME LANGHAM, JAMES T JR.  
 STREET ADDRESS 5220 SPRING VALLEY, SUITE 400  
 CITY-ST-ZIP DALLAS TX

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS 4949 Keller Springs Road  
 3.4 CITY-ST-ZIP Addison, TX 75001-5910

TITLE D  DELETE  
 NAME BARNES, WILLIAM F.  
 STREET ADDRESS ROUTE 2, BOX 355-E  
 CITY-ST-ZIP POTTSBORO TX

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE CD  DELETE  
 NAME ELLARD, BILLY JOE  
 STREET ADDRESS 5220 SPRING VALLEY, SUITE 400  
 CITY-ST-ZIP DALLAS TX

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS 4949 Keller Springs Road  
 5.4 CITY-ST-ZIP Addison, TX 75001-5910

TITLE D  DELETE  
 NAME ELLARD, BRIAN M  
 STREET ADDRESS 5520 SPRING VALLEY, STE. 400  
 CITY-ST-ZIP DALLAS TX

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS 4949 Keller Springs Road  
 6.4 CITY-ST-ZIP Addison, TX 75001-5910

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.

Brenda B. Hill, Corporate Secretary

SIGNATURE: *Brenda B. Hill*

7-15-99 972-532-2100

CR2E034 (5/99)