

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90135 021 \*\*\*150.00

**DOCUMENT # 841663**

1. Entity Name

**NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMP**

Principal Place of Business 4040 KELLER SPRINGS RD. ADDISON TX 75001-5910	Mailing Address 4949 KELLER SPRINGS RD. ADDISON TX 75001-5910 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>75-1623431</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA  
 CAPITOL BUILDING  
 TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTIN, RAYMOND J. J	
STREET ADDRESS	4949 KELLER SPRINGS ROAD	
CITY-ST-ZIP	ADDISON TX 75001-5910	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILL, BRENDA B.	
STREET ADDRESS	4949 KELLER SPRINGS ROAD	
CITY-ST-ZIP	ADDISON TX 75001-5910	
TITLE	TDV	<input type="checkbox"/> Delete
NAME	LANGHAM, JAMES T JR.	
STREET ADDRESS	4949 KELLER SPRINGS ROAD	
CITY-ST-ZIP	ADDISON TX 75001-5910	
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	4949 KELLER SPRINGS ROAD	
CITY-ST-ZIP	ADDISON TX 75001-5910	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLARD, BRIAN M	
STREET ADDRESS	4949 KELLER SPRINGS ROAD	
CITY-ST-ZIP	ADDISON TX 75001-5910	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brendo Hill Date: 4-19-00 Daytime Phone #: 972-532-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)