

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841663

FILED
Apr 22, 2004
Secretary of State

Entity Name: NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

Current Principal Place of Business:

4949 KELLER SPRINGS RD.
ADDISON, TX 750015910 US

New Principal Place of Business:

Current Mailing Address:

4949 KELLER SPRINGS RD.
ADDISON, TX 750015910 US

New Mailing Address:

FEI Number: 75-1623431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

INSURANCE COMMISSIONER OF FLORIDA
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

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: INSURANCE COMMISSIONER OF FLORIDA
Electronic Signature of Registered Agent

04/22/2004
Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTIN, RAYMOND J JR
Address: 4949 KELLER SPRINGS ROAD
City-St-Zip: ADDISON, TX 750015910

Title: S () Delete
Name: WILSON, BRENDA B
Address: 4949 KELLER SPRINGS RD
City-St-Zip: ADDISON, TX 750015910

Title: TDV () Delete
Name: LANGHAM, JAMES T JR.
Address: 4949 KELLER SPRINGS ROAD
City-St-Zip: ADDISON, TX 750015910

Title: D () Delete
Name: BARNES, WILLIAM F
Address: 258 GLOMIN LAEN
City-St-Zip: POTTSBORO, TX 75076

Title: CD () Delete
Name: ELLARD, BILLY JOE
Address: 4949 KELLER SPRINGS ROAD
City-St-Zip: ADDISON, TX 750015910

Title: D () Delete
Name: ELLARD, BRIAN M
Address: 4949 KELLER SPRINGS ROAD
City-St-Zip: ADDISON, TX 750015910

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BARNES, WILLIAM F
Address: 258 GLOMIN LANE
City-St-Zip: POTTSBORO, TX 75076

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F BARNES
Electronic Signature of Signing Officer or Director

D

04/22/2004
Date