
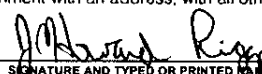


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90087 026 \*\*\*150.00

<b>DOCUMENT # 841663</b>					
1. Entity Name <b>NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY</b>					
Principal Place of Business <b>4949 KELLER SPRINGS RD. ADDISON, TX 75001-5910 US</b>			Mailing Address <b>4949 KELLER SPRINGS RD. ADDISON, TX 75001-5910 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>75-1623431</b>	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <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			7. Name and Address of New Registered Agent		
<b>INSURANCE COMMISSIONER OF FLORIDA P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, RAYMOND J JR		NAME		
STREET ADDRESS	4949 KELLER SPRINGS ROAD		STREET ADDRESS		
CITY-ST-ZIP	ADDISON, TX 750015910		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, BRENDA B		NAME	RIGGS, J. HOWARD	
STREET ADDRESS	4949 KELLER SPRINGS RD		STREET ADDRESS		
CITY-ST-ZIP	ADDISON, TX 750015910		CITY-ST-ZIP		
TITLE	TDV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANGHAM, JAMES T JR.		NAME		
STREET ADDRESS	4949 KELLER SPRINGS ROAD		STREET ADDRESS		
CITY-ST-ZIP	ADDISON, TX 750015910		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COX, WILLIAM B		NAME		
STREET ADDRESS	4949 KELLER SPRINGS RD		STREET ADDRESS		
CITY-ST-ZIP	ADDISON, TX 75001		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELLARD, BILLY JOE		NAME		
STREET ADDRESS	4949 KELLER SPRINGS ROAD		STREET ADDRESS		
CITY-ST-ZIP	ADDISON, TX 750015910		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BALL, CHARLES F JR		NAME		
STREET ADDRESS	5958 SHERRY LANE, SUITE 1800		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75255		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		J. HOWARD RIGGS		4/23/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				972-532-2143	