

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P00448** (1)

1. Corporation Name  
**NATIONAL FOUNDATION LIFE INSURANCE COMPANY**



Principal Place of Business: **777 MAIN ST. SUITE #900 FT. WORTH TX 76102**  
Mailing Address: **777 MAIN ST. SUITE #900 FT. WORTH TX 76102**

3. Date Incorporated or Qualified: **12/29/1983**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **73-1187572**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
26  
27  
28  
29  
30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BLDG.  
TALLAHASSEE FL 32301**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0402 and 607.150d, 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or the last name of registered agent and title of corporation. (Circle Registered Agent's initials hereafter whenever stating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIGPEN, JAMES W.	1.2 NAME	
STREET ADDRESS	777 MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX	1.4 CITY-ST-ZIP	
TITLE	TV	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATTE, MICHAEL C.	2.2 NAME	<b>PATRICK J. MITCHELL</b>
STREET ADDRESS	777 MAIN STREET	2.3 STREET ADDRESS	<b>777 MAIN ST., STE 900</b>
CITY-ST-ZIP	FT. WORTH TX	2.4 CITY-ST-ZIP	<b>FT. WORTH, TX 76102</b>
TITLE	SV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, MICHAEL D.	3.2 NAME	
STREET ADDRESS	777 MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEVERKA, DENNIS A.	4.2 NAME	
STREET ADDRESS	777 MAIN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCURDY, BEN E	5.2 NAME	
STREET ADDRESS	777 MAIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEGLESS, MARGIE	6.2 NAME	
STREET ADDRESS	777 MAIN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: **PATRICK J. MITCHELL** S-22-96 (187) 878-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day + Phone #)

CR2E034 (12/95)