

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90016 010 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00448

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	110 W. 7th ST	26	110 W. 7th ST	12/29/1983	
Suite, Apt. #, etc. 22 STE 300		Suite, Apt. #, etc. 27 STE 300		4. FEI Number	
City & State 23 FORT WORTH TX		City & State 28 FORT WORTH TX		73-1187572	
Zip 24 76102		Country 25 US		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, PATRICK H	1.2 NAME	
STREET ADDRESS	777 MAIN ST	1.3 STREET ADDRESS	110 W. 7th ST, STE. 300
CITY-ST-ZIP	FT. WORTH TX 76102	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK J. MITCHELL	2.2 NAME	
STREET ADDRESS	777 MAIN STREET	2.3 STREET ADDRESS	110 W. 7th ST. STE. 300
CITY-ST-ZIP	FT. WORTH TX 76102	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, KELLEY L	3.2 NAME	
STREET ADDRESS	777 MAIN STREET	3.3 STREET ADDRESS	110 W. 7th ST. STE. 300
CITY-ST-ZIP	FT. WORTH TX 76102	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEGLESS, MARGIE	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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, STEPHEN D	6.2 NAME	
STREET ADDRESS	777 MAIN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH YX	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** Date: 4/28/99 Daytime Phone #: (817) 878-3327

CR2E034 (11/98)