

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 15, 2001 8:00 am**  
**Secretary of State**

08-15-2001 90003 018 \*\*\*550.00

0139528 AB

**DOCUMENT # P00448**  
 1. Entity Name  
**NATIONAL FOUNDATION LIFE INSURANCE COMPANY**

Principal Place of Business      Mailing Address  
**110 W. 7TH ST**                      **110 W. 7TH ST**  
**STE 300**                                  **STE 300**  
**FT. WORTH TX 76102**              **FT. WORTH TX 76102**

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      Applied For  
**73-1187572**                                  Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**FLORIDA INSURANCE COMMISSIONER**  
**THE CAPITOL BLDG.**  
**TALLAHASSEE FL 32301**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME	<b>VSD O'NEILL, PATRICK H</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>110 W 7TH ST GTE 330</b>	
CITY-ST-ZIP	<b>FT. WORTH TX 76102</b>	
TITLE NAME	<b>PD PATRICK J. MITCHELL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>110 W 7TH ST GTE 330</b>	
CITY-ST-ZIP	<b>FT. WORTH TX 76102</b>	
TITLE NAME	<b>VT. BUCHANAN, KELLEY L</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>110 W 7TH ST GTE 330</b>	
CITY-ST-ZIP	<b>FT. WORTH TX 76102</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>SVP CFOT Director Cynthia B. Koenig</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>110 W 7th St. Suite 300</b>	
CITY-ST-ZIP	<b>Fort Worth, Tx 76102</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Cynthia B. Koenig*      **SIGNATURE REQUIRED**      **Cynthia B. Koenig**      **8-9-01**      **817-878-3300**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)