

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90052 025 \*\*\*150.00

061207 AT

**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



DO NOT WRITE IN THIS SPACE

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>O'NEILL, PATRICK H</b> <b>110 W 7TH ST GTE 330</b> <b>FT. WORTH TX 76102</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PATRICK J. MITCHELL</b> <b>110 W 7TH ST GTE 330</b> <b>FT. WORTH TX 76102</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPD</b> <b>KOENIG, CYNTHIA B</b> <b>110 W 7TH STREET STE 300</b> <b>FORT WORTH TX 76102</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Billy Lee Jacobs</b> <b>110 West 7th Street, Suite 300</b> <b>Ft. Worth, TX 76102</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Konrad Henry Kober</b> <b>110 West 7th Street, Suite 300</b> <b>Ft. Worth, TX 76102</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Ranita Ann Grauwiler</b> <b>110 West 7th Street, Suite 300</b> <b>Ft. Worth, TX 76102</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Billy Jacobs*      SIGNATURE REGISTRATION NO. 011111      Date 3-21-02      Daytime Phone # 817-878-3300

CR2E034 (9/01)