

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00448

FILED  
Jan 17, 2008  
Secretary of State

Entity Name: NATIONAL FOUNDATION LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

801 CHERRY STREET  
UNIT 33  
FT. WORTH, TX 76102

**New Principal Place of Business:**

**Current Mailing Address:**

801 CHERRY STREET  
UNIT 33  
FT. WORTH, TX 76102

**New Mailing Address:**

FEI Number: 73-1187572      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BENJAMIN, CUTLER M PRES.  
Address: 801 CHERRY STREET, UNIT 33  
City-St-Zip: FT. WORTH, TX 76102

Title: SVPD ( ) Delete  
Name: KOENIG, CYNTHIA B CFO  
Address: 801 CHERRY STREET, UNIT 33  
City-St-Zip: FORT WORTH, TX 76102

Title: VD ( ) Delete  
Name: JACOBS, BILLY L  
Address: 801 CHERRY STREET, UNIT 33  
City-St-Zip: FORT WORTH, TX 76102

Title: EVD ( ) Delete  
Name: PATRICK, O'NEILL H SEC  
Address: 801 CHERRY STREET, UNIT 33  
City-St-Zip: FORT WORTH, TX 76102

Title: VD ( ) Delete  
Name: GRAUWILER, RANITA A  
Address: 801 CHERRY STREET, UNIT 33  
City-St-Zip: FORT WORTH, TX 76102

Title: SVP ( ) Delete  
Name: RABINOWITZ, BERNARD  
Address: 801 CHERRY STREET, UNIT 33  
City-St-Zip: FORT WORTH, TX 76102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA B KOENIG

SVPD

01/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date