2019 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 841663

Entity Name: NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE

COMPANY

Current Principal Place of Business:

4949 KELLER SPRINGS RD. ADDISON, TX 75001-5910

Current Mailing Address:

4949 KELLER SPRINGS RD. ADDISON, TX 75001-5910 US

FEI Number: 75-1623431 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER OF FLORIDA 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 US

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:

Name

Electronic Signature of Registered Agent

Date

FILED Sep 13, 2019

Secretary of State

5485473654CC

Officer/Director Detail:

Title	DIRECTOR, PRESIDENT, CEO	Title	DIRECTOR, CFO, EXEC VP
Name	RUGENSTEIN, WADE AUGUST	Name	CONKLIN, BRET A

4949 KELLER SPRINGS ROAD 1 HORACE MANN PLAZA Address Address City-State-Zip: ADDISON TX 75001-5910 City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, CHAIRMAN Title VP, SECRETARY Name DARLEY, TIMOTHY ANDREW Name **ZURAITIS, MARITA** Address 4949 KELLER SPRINGS ROAD Address 1 HORACE MANN PLAZA City-State-Zip: SPRINGFIELD IL 62715 City-State-Zip: ADDISON TX 75001-5910

Title DIRECTOR, GENERAL COUNSEL Title VP, ASST. SECRETARY, ASST.

GENERAL COUNSEL Name CARLEY, DONALD M SANDERS, DERIK TYSON Address 1 HORACE MANN PLAZA 4949 KELLER SPRINGS RD. Address City-State-Zip: SPRINGFIELD IL 62715

City-State-Zip: ADDISON TX 75001-5910

I hereby 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 all other like empowered.

SIGNATURE: DERIK TYSON SANDERS

VICE PRESIDENT

09/13/2019