

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 841663

**FILED**  
**Jan 25, 2017**  
**Secretary of State**  
**CC2737549386**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            RUGENSTEIN, WADE AUGUST  
Address        4949 KELLER SPRINGS ROAD  
City-State-Zip: ADDISON TX 75001-5910

Title            TREASURER, CFO  
Name            FONVILLE, EARL RUSSELL  
Address        4949 KELLER SPRINGS ROAD  
City-State-Zip: ADDISON TX 75001-5910

Title            VP, SECRETARY  
Name            DARLEY, TIMOTHY ANDREW  
Address        4949 KELLER SPRINGS ROAD  
City-State-Zip: ADDISON TX 75001-5910

Title            DIRECTOR  
Name            ELLARD, BETTY JO  
Address        4949 KELLER SPRINGS RD.  
City-State-Zip: ADDISON TX 75001-5910

Title            VP, GENERAL COUNSEL, CRO  
Name            DAY, PAMELA J  
Address        4949 KELLER SPRINGS RD.  
City-State-Zip: ADDISON TX 75001-5910

Title            DIRECTOR  
Name            BARNES, WILLIAM FRANCIS  
Address        4949 KELLER SPRINGS RD.  
City-State-Zip: ADDISON TX 75001

*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: EARL R. FONVILLE**

**CHIEF FINANCIAL  
OFFICER**

**01/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date