# **2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 841663** 

Entity Name: NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE

**COMPANY** 

FILED Feb 18, 2016 Secretary of State CC9140336088

### **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 Title TREASURER, CFO

Name RUGENSTEIN, WADE AUGUST Name FONVILLE, EARL RUSSELL

Address 4949 KELLER SPRINGS ROAD Address 4949 KELLER SPRINGS ROAD

City-State-Zip: ADDISON TX 75001-5910 City-State-Zip: ADDISON TX 75001-5910

Title VP, SECRETARY Title DIRECTOR

Name DARLEY, TIMOTHY ANDREW Name BALL, CHARLES FJR

Address 4949 KELLER SPRINGS ROAD Address 5956 SHERRY LANE, SUITE 1100

City-State-Zip: ADDISON TX 75001-5910 City-State-Zip: DALLAS TX 75255

Title VP, GENERAL COUNSEL, CRO Title VP/CHIEF ACTUARY
Name DAY, PAMELA J Name COX, LAWRENCE C

Address 4949 KELLER SPRINGS RD. Address 4949 KELLER SPRINGS RD.

City-State-Zip: ADDISON TX 75001-5910 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

02/18/2016