

2021 FOREIGN PROFIT CORPORATION 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR, CFO, EXEC VP
Name CONKLIN, BRET A
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

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

Title DIRECTOR, CHAIRMAN
Name ZURAITIS, MARITA
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title VP, ASST. SECRETARY, ASST. GENERAL COUNSEL
Name SANDERS, DERIK TYSON
Address 4949 KELLER SPRINGS RD.
City-State-Zip: ADDISON TX 75001-5910

Title DIRECTOR, GENERAL COUNSEL
Name CARLEY, DONALD M
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

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

03/15/2021

Electronic Signature of Signing Officer/Director Detail

Date