

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00448

Entity Name: NATIONAL FOUNDATION LIFE INSURANCE COMPANY

Current Principal Place of Business:

801 CHERRY STREET
UNIT 33
FT. WORTH, TX 76102

Current Mailing Address:

801 CHERRY STREET
UNIT 33
FT. WORTH, TX 76102

FEI Number: 73-1187572

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
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 PD
Name BENJAMIN, CUTLER MPRES.
Address 801 CHERRY STREET, UNIT 33
City-State-Zip: FT. WORTH TX 76102

Title SVPD
Name KOENIG, CYNTHIA BCFO
Address 801 CHERRY STREET, UNIT 33
City-State-Zip: FORT WORTH TX 76102

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

Title EVD
Name PATRICK, O'NEILL HSEC
Address 801 CHERRY STREET, UNIT 33
City-State-Zip: FORT WORTH TX 76102

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

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

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: BILLY L JACOBS

VP/CONTROLLER

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date