

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00448

**Entity Name:** NATIONAL FOUNDATION LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

300 BURNETT STREET, SUITE 200  
FT. WORTH, TX 76102

**Current Mailing Address:**

300 BURNETT STREET, SUITE 200  
FT. WORTH, TX 76102 US

**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            PRESIDENT  
Name            MCQUAGGE, TROY ALAN  
Address        300 BURNETT STREET, SUITE 200  
City-State-Zip: FT. WORTH TX 76102

Title            OFFICER  
Name            JACKSON, JAMES LEE  
Address        300 BURNETT STREET, SUITE 200  
City-State-Zip: FT. WORTH TX 76102

Title            SECRETARY  
Name            LEWIS-DAVID, JENNIFER LUNDGREN  
Address        10175 LITTLE PATUXENT PARKWAY  
City-State-Zip: COLUMBIA MD 21044

Title            OFFICER  
Name            SCHOETTLE, JEREMY MICHAEL  
Address        7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title            VP  
Name            COTTINGTON, NYLE BRENT  
Address        9800 HEALTHCARE LANE  
                  MN006-W500  
City-State-Zip: MINNETONKA MN 55343

Title            ASST. SECRETARY  
Name            LANG, HEATHER ANASTASIA  
Address        9900 BREN ROAD EAST  
                  MN008-T502  
City-State-Zip: MINNETONKA MN 55343

Title            TREASURER  
Name            GILL, PETER MARSHALL  
Address        9900 BREN ROAD EAST  
                  MN008-T450  
City-State-Zip: MINNETONKA MN 55343

*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:** NYLE BRENT COTTINGTON

**VICE PRESIDENT**

**04/11/2022**

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

\_\_\_\_\_  
Date