

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 807403 (1)

1. Corporation Name

NATIONAL TRAVELERS LIFE COMPANY



Principal Place of Business

820 KEOSAUGUA WAY
DES MOINES IA 50309-1527

Mailing Address

820 KEOSAUGUA WAY
DES MOINES IA 50309-1527

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

9. Name and Address of Current Registered Agent

GALLAHER, TOM
THE CAPITOL BLDG.
TALLAHASSEE FL 32399-0300

3. Date Incorporated or Qualified
08/04/1947

3a. Date of Last Report
02/28/1995

4. FEI Number

42-0432940

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when not in state)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
AXTELL, MAYNARD J
820 KEOSAUGUA WAY
DES MOINES IA 50309-1527

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
BLAKE, GERALD K
820 KEOSAUGUA WAY
DES MOINES IA 50309-1527

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
MURPHY, EDWARD A
820 KEOSAUGUA WAY
DES MOINES IA 50309-1527

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
PETERSON, CHARLES L
820 KEOSAUGUA WAY
DES MOINES IA 50309-1527

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
RAND, DENNIS J
820 KEOSAUGUA WAY
DES MOINES IA 50309-1527

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
COOVER, EDWARD J.
820 KEOSAUGUA WAY
DES MOINES IA

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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JZ
3-19

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gerald K. Blake, VP
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

2-20-96

515-283-0101

Date

Office Phone

CR2E034 (12/95)