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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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	Mailing Address
820 KEOSAUGUA WAY DES MOINES IA 50309-1527	820 KEOSAUGUA WAY DES MOINES IA 50309-1517

3. Date Incorporated or Qualified: 08/04/1947
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

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

9. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	AXTELL, MAYNARD J		1.2 NAME		
STREET ADDRESS	820 KEOSAUQUA WAY		1.3 STREET ADDRESS	WALLACE, JAMES D.	
CITY-ST-ZIP	DES MOINES IA 50309-1527		1.4 CITY-ST-ZIP	820 Keosauqua Way Des Moines, IA 50309-1575	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BLAKE, GERALD K		2.2 NAME		
STREET ADDRESS	820 KEOSAUQUA WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50309-1527		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, EDWARD A		3.2 NAME		
STREET ADDRESS	820 KEOSAUQUA WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50309-1527		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, CHARLES L		4.2 NAME		
STREET ADDRESS	820 KEOSAUQUA WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50309-1527		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RAND, DENNIS J		5.2 NAME		
STREET ADDRESS	820 KEOSAUQUA WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50309-1527		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COOVER, EDWARD J.		6.2 NAME		
STREET ADDRESS	820 KEOSAUQUA WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bonnie T. Gerst, Controller 2-21-97 515-283-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #