## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999

NATIONAL TRAVELERS LIFE COMPANY

**DOCUMENT #** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90011 028 \*\*\*550.00

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Suite, Apt. #, etc.    Suite, Apt. #, etc.	Principal Place of Business Mailing Address				( ) MBS/R) IBNIT BBNIT (BBNIT BIND) NIST BNDIT BRAIN BNDIT				
WEST DES MONES 10 50286-8221 US  3. Date Incorporated or Cualified 08/04/1947  2. Principal Place of Business 2. Amilling Address 2. Mailing Address 2. Suite, Apt. 8, etc. 2. Suite, Apt. 8, etc. 3. Suite, Apt. 8, etc. 3. Certificate of Status Desired   Fee Required   Fee Requ	•								
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   11   12   26   26   27   27   27   27   27   2									
2. Principal Place of Business	US		US						
22. Principal Places of Business 22. Mailling Addrinas 42. (4. PEI Number   Applied For   Not Applicable)   Ref.   Res.   Required   Registered   Re							1 7		
Sulfe, Apt. #, etc.    Sulfe, Apt. #, etc.   Sulfe, Apt. #, etc.   Sulfe, Apt. #, etc.   S. Certificate of Status Desired   \$8.75 Additional Fee Required	<u> </u>		O- Mailine Address						
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Size   Size		——————————————————————————————————————	g Address						
City & State	21 Cuite Ant								
City & State  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi		Ψ, etc.				E Cortificate of Status Desired			
Table   Tabl		<u></u>	<del></del>				6 Election Campaign Financing \$5.00 May Re		
Zip   Country   Zip   30   Country   R. This coproration needs the current year   No   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name   10. Name and Address of New Registered Agent   10. Name	_	•	<b>⊢</b> '	7 -					
Section   Sect		Country	<del>                                     </del>	Cou	intry		8. This corporation owes the current year		
GALLAHER, TOM THE CAPITOL BLG. TALLAHASSEE PL 32399-0300  44 City FL 85 Zip Code  45 City FL 85 Zip Code  46 City FL 85 Zip Code  47 City FL 85 Zip Code  48 City FL 85 Zip Code  48 City FL 87 Zip Code  48 City FL 86 Zip Code  48 City FL 87 Zip Code  49 Zip Code  49 Zip Code  40 City FL 85 Zip Code  41 City FL 85 Zip Code  41 City FL 85 Zip Code  42 City FL 86 Zip Code  44 City FL 86 Zip Code  44 City FL 86 Zip Code  45 City FL 87 Zip Code  46 City FL 86 Zip Code  46 City FL 86 Zip Code  47 Zip Code  48 City FL 86 Zip Code  48 City FL 86 Zip Code  48 City FL 87 Zip Code  48 City FL 88 Zip Code  49 Zip Code  49 Zip Code  49 Zip Code  49 Zip Code  40 Zip City City Code  40 Zip City City Code  40 Zip City City City Code  40 Zip City City City City City City City City	24	25	29	30			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
GALLAHER, TOM THE CAPITOL BLG. TALLAHASSEE FL 32399-0300  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of sections 607 0502 and 607 1508, Florida Sistuties, the above-named corporation submits this statement for the purpose of changing its 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, or hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statuties.  11. Pursuant to the provisions of sections 607 0502 and 607.1508, Florida Statuties.  12. Tom Gallaher Signitus typed or printed major and size of a registered agent and accept the obligations of, section 607.0505, Florida Statuties.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. TITLE  PWALLACE, JAMES D  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CTITLE  VEST DES MONIES IO 50266  14. CTITLE  VICE President  15. TITLE  VICE President  15. TOM WESTOWN PKWY  25. STREET ADDRESS  15. TOM WESTOWN PKWY  WEST DES MONIES IO 50266  14. CTITLE  VEST DES MONIES IO 50266  15. TITLE  VEST DES MONIES IO 50266  15. TITLE  VEST DES MONIES, IA 50266-8221  17. TITLE	1		Registered Agent	11			10. Name and Address of New Registered Agent		
THE CAPTIOL BLG.  TALLAHASSEE FL 32399-0300  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, manual comporation 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 application of section 607.0505, Florida Statutes.  SIGNATURE  Tom Gallaher  Tom G					81	Name			
TALLAHASSEE FL 32399-0300  B3  B4 City					82	Street 4	Address (P.O. Box Number is Not Acceptable)		
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. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered general agent, and script the obligations of, section 607.4505, Florida Statutes.  IT I I I I I I I I I I I I I I I I I I						Olicory	Address (1.0. Box Humber is Not Acceptable)		
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. Hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, section 607 0505, Florida Statutes.  SIGNATURE  TOM Gall aher  TOM Gall aher  TOM Gall aher  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  WALLACE, JAMES D  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STOW WEST DES MONIES IO 50266  14. CITY-ST-2IP  WEST DES MONIES, IA 50266-8221  TITLE  V  UCC President  WEST DES MONIES IO 50266  14. CITY-ST-2IP  WEST DES MONIES, IA 50266-8221  TITLE  V  UCC President  WEST DES MONIES, IA 50266-8221  TITLE  V  UCC PRESIDENT  WEST DES MONIES, IA 50266-8221  TITLE  V  UCC PRESIDENT  WEST DES MONIES, IA 50266-8221  TITLE  V  UCC PRESIDENT  WEST DES MONIES, IA 50266-8221  TITLE  V  UCC PRESIDENT  WEST DES MONIES, IA 50266-8221  TITLE  V  UCC PRESIDENT  WEST DES MONIES, IA 50266-8221  TITLE  V  UCC PRESIDENT  WEST DES MONIES, IA 50266-8221  TITLE  V  UCC PRESIDENT  WEST DES MONIES, IA 50266-8221  TITLE  V  UCC PRESIDENT  WEST DES MONIES, IA 50266-8221  TITLE  V  UCC PRESIDENT  WEST DES MONIES, IA 50266-8221  TITLE  V  UCC PRESIDENT  WEST DES MONIES, IA 50266-8221  TITLE  V  UCC PRESIDENT  WEST DES MONIES, IA 50266-8221  TITLE  V  UCC PRESIDENT  WEST DES MONIES, IA 50266-8221  TITLE  V  UCC PRESIDENT  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  WEST DES MONIES, IA 50266-8221  TITLE  V  UCC PRESIDENT  CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TOTAL TITLE	TALI	AHASSEE FL 32399-0300			83				
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office or registered agent, or both, in the State of Honda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, section 67.0505, Floridas Statutes.  SIGNATURE  TOM Gallaher  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  P						•			
Agent. I am familiar with, and accept the obligations of, section 607,0505, Florida Statutes.  SIGNATURE TOTIN Gallaher  TOTIN Gallaher  Signature, typed or prised name of registered agent and title if applicable.  POFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PORME  WALLACE, JAMES D  STREET ADDRESS  TOTT STAIP  WEST DES MOINES, IA 50266-8221  WEST DES MONIES 10 50266  LITTLE  V  LOWESTOWN PKNY  WEST DES MOINES, IA 50266-8221  WEST DES MONIES 10 50266  BLAKE, GERALD K  STREET ADDRESS  STOW WESTOWN PKNY  WEST DES MONIES 10 50266  Addition  MURPHY, EDWARD A  STREET ADDRESS  STOW WESTOWN PKNY  WEST DES MONIES 10 50266  WES	11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statute	s, the at	ove-i	named co	corporation submits this statement for the purpose of changing its registered		
SIGNATURE  Tom Gallaher  Suprature, typed or prised rate of implated agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  WALLACE, JAMES D  STREET ADDRESS  STREET ADDRESS  OTTYST-ZIP  WEST DES MOINES, IA 50266-8221  TITLE  V  DELETE  21 TITLE  Vice President  John M. Bouslog  STREET ADDRESS  TOW WEST OWN PKWY  WEST DES MOINES, IA 50266-8221  TITLE  V  DELETE  21 TITLE  Vice President  John M. Bouslog  STREET ADDRESS  WEST DES MOINES, IA 50266-8221  TITLE  V  WEST DES MOINES, IA 50266-8221  TITLE  V  WEST DES MOINES, IA 50266-8221  TITLE  V  DELETE  3.1 TITLE  Vice President  MURPHY, EDWARD A  32 MAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STOW WEST OWN PKWY  WEST DES MOINES, IA 50266-8221  TITLE  V  DELETE  3.1 TITLE  Vice President  MOINES, IA 50266-8221  TITLE  V  DELETE  3.1 TITLE  Vice President  MOINES, IA 50266-8221  TITLE  V  DELETE  3.1 TITLE  Vice President  MOINES, IA 50266-8221  TITLE  V  DELETE  3.1 TITLE  Vice President  MOINES, IA 50266-8221  TITLE  V  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIR	office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	or Florida. Such change was a ions of, section 607.0505, Flo	numonze orida Sta	tutes	une corpo	oration's board or directors. Thereby accept the appointment as registered		
12.	SIGNATURE	Tom Gallaher					July 8, 1999		
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NAME   WALLACE, JAMES D   12 NAME   13 STREET ADDRESS   5700 WESTOWN PKWY   12 NAME   13 STREET ADDRESS   14 CITY-ST-ZIP   WEST DES MONIES IO 50266	12.			_					
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NAME RAND, DENNIS J STREET ADDRESS CITY-ST-ZIP VEST DES: MOINES 10.50266 TITLE NAME COOVER, EDWARD J.  52 NAME 53 STREET ADDRESS 5.4 CITY-ST-ZIP WEST DES: MOINES, IA 50266-8221 WEST DES: MOINES, IA 50266-8221  COOVER, EDWARD J.  52 NAME 62 NAME	CITY-ST-ZIP			_	_	ZIP	WEST DES MOINES, IA 50266-8221		
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CITY-ST-ZIP WEST DES MONIES 10 50266 64 CITY-ST-ZIP WEST DES MONIES , IA 50266 - 8221  14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP	WEST DES MONIES 10 50266	this fillian shape at the second				WEST DES MOTNES, 1A 50266-8221		

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:

7/8/99

515-327-5722 Daytime Phone #