

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 8:00 am**
Secretary of State

03-02-2001 90116 044 ***150.00

DOCUMENT # 807403

1. Entity Name

NATIONAL TRAVELERS LIFE COMPANY

Principal Place of Business

**5700 WESTON PKWY
WEST DES MOINES IA 50266-8221
US**

Mailing Address

**5700 WESTON PKWY
WEST DES MOINES IA 50266-8221
US****629707**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **42-0432940**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	WALLACE, JAMES D	NAME	
STREET ADDRESS	5700 WESTOWN PKWY	STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA 50266-8221	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	BOUSLOG, JOHN M	NAME	
STREET ADDRESS	5700 WESTOWN PKWY	STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA 50266-8221	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	GERST, BONNIE T	NAME	Kevin Cummer
STREET ADDRESS	5700 WESTOWN PKWY	STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA 50266-8221	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	PETERSON, CHARLES L	NAME	
STREET ADDRESS	5700 WESTOWN PKWY	STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA 50266-8221	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	RAND, DENNIS J	NAME	
STREET ADDRESS	5700 WESTOWN PKWY	STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA 50266-8221	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	LEY, ROBERT J	NAME	
STREET ADDRESS	5700 WESTOWN PKWY	STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA 50266-8221	CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin Cummer, VP & CFO**2-16-2001****515-327-5722**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)