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 # **819436** **(7)**

1. Corporation Name

BRADFORD NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
201 ST. CHARLES AVE., SUITE 4310 NEW ORLEANS LA 70170-4310	201 ST. CHARLES AVE., SUITE 4310 NEW ORLEANS LA 70170-4310

3. Date Incorporated or Qualified: **03/14/1966**
3a. Date of Last Report: **03/23/1995**

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: **31-0522223** ☐ 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

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

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 (required) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	LANGE, ROGER		1.2 NAME	Edward H. Martin	
STREET ADDRESS	201 ST CHARLES AVE		1.3 STREET ADDRESS	201 St. Charles Ave.	
CITY-ST-ZIP	NEW ORLEANS LA		1.4 CITY-ST-ZIP	New Orleans, LA 70170-4310	
TITLE	CEO	☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	PIERCE, DOUGLAS B		2.2 NAME	James M. Daniels	
STREET ADDRESS	201 ST CHARLES AVE		2.3 STREET ADDRESS	201 St. Charles Ave.	
CITY-ST-ZIP	NEW ORLEANS LA		2.4 CITY-ST-ZIP	New Orleans, LA 70170-4310	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	PIMIENTA, HUGO E		3.2 NAME	Fabian Chavez, Jr.	
STREET ADDRESS	201 ST CHARLES AVE		3.3 STREET ADDRESS	325 Paseo de Peralta	
CITY-ST-ZIP	NEW ORLEANS LA		3.4 CITY-ST-ZIP	Santa Fe, New Mexico 87501	
TITLE	VT	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	KARLOVITZ, LEO F		4.2 NAME	Jerry B. Willis	
STREET ADDRESS	201 ST CHARLES AVE		4.3 STREET ADDRESS	9487 Brookline Drive	
CITY-ST-ZIP	NEW ORLEANS LA		4.4 CITY-ST-ZIP	Baton Rouge, LA 70809	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	WILLIAMS, ERROL		5.2 NAME	Martinez Jose Covarrubias	
STREET ADDRESS	1300 PERDIDO ST 4E CITY HALL		5.3 STREET ADDRESS	FCO.I. Madero 21	
CITY-ST-ZIP	NEW ORLEANS LA		5.4 CITY-ST-ZIP	Mexico, D.I. 01040	
TITLE		☐ DELETE	6.1 TITLE	CEO/C	☒ Change ☐ Addition
NAME			6.2 NAME	Douglas B. Pierce	
STREET ADDRESS			6.3 STREET ADDRESS	201 St. Charles Ave.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	New Orleans, LA 70170-4310	

CR2E034 (12/95)

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 added for an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/05/96 Date **(504) 569-1600** Daytime Phone #