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

1. Corporation Name
BRADFORD NATIONAL LIFE INSURANCE COMPANY

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

Mailing Address
201 ST. CHARLES AVE., SUITE 4310
NEW ORLEANS LA 70170-4310

3. Date Incorporated or Qualified: 03/14/1966
3a. Date of Last Report: 03/11/1996
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

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

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

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: Treasurer of the State Florida (NOTE: Registered Agent signature required when reinstating) DATE: 2-26-97

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	LANGE, ROGER	
STREET ADDRESS	201 ST CHARLES AVE	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	CEOC	☐ DELETE
NAME	PIERCE, DOUGLAS B	
STREET ADDRESS	201 ST CHARLES AVE	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	D	☐ DELETE
NAME	PIMIENTA, HUGO E	
STREET ADDRESS	201 ST CHARLES AVE	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	VT	☒ DELETE
NAME	KARLOVITZ, LEO F	
STREET ADDRESS	201 ST CHARLES AVE	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	D	☐ DELETE
NAME	WILLIAMS, ERROL	
STREET ADDRESS	1300 PERDIDO ST 4E CITY HALL	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	V	☐ DELETE
NAME	MARTIN, EDWARD H	
STREET ADDRESS	201 ST CHARLES AVE	
CITY-ST-ZIP	NEW ORLEANS LA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VT	☐ Change ☒ Addition
1.2 NAME	T. FRANK PAYTON	
1.3 STREET ADDRESS	201 St. Charles Ave	
1.4 CITY-ST-ZIP	New Orleans, LA	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: T. Frank Payton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: 504-569-1600

0493955