SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 09 1998 8:00am
Secretary of State

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1966

2. Principal Place of Business	2a. Mailing Address
21 2720 E. Camelback Rd.	26 P.O. Box 52121
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Phoenix, AZ	City & State 28 Phoenix, AZ
Zip 24 85016 Country 25 Maricopa	Zip 29 85016 Country 30 Maricopa

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD LANGE, ROGER 201 ST CHARLES AVE NEW ORLEANS LA	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	See Attached List	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOC PIERCE, DOUGLAS B 201 ST CHARLES AVE NEW ORLEANS LA	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIMIENTA, HUGO E 201 ST CHARLES AVE NEW ORLEANS LA	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT PAYTON, T. FRANK 201 ST. CHARLES AVE. NEW ORLEANS LA	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, ERROL 1300 PERDIDO ST 4E CITY HALL NEW ORLEANS LA	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARTIN, EDWARD H 201 ST CHARLES AVE NEW ORLEANS LA	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. 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 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.

CR2E034 (5/98)

BRADFORD NATIONAL
LIFE INSURANCE COMPANY
"Securing Your Future"

BRADFORD NATIONAL LIFE
OFFICERS & DIRECTORS

CEO C D PHILLIPS, KENNETH W.
2720 East Camelback Road
Phoenix, AZ 85016

P D SCHRECK, WAYNE A.
2720 East Camelback Road
Phoenix, AZ 85016

T EVP MILLER, DUANE A.
20 East Camelback Road
Phoenix, AZ 85016

S VP THOREN, DENISE L.
2720 East Camelback Road
Phoenix, AZ 85016

SVP STEVENS, KATHY E.
2720 East Camelback Road
Phoenix, AZ 85016

D CHAVEZ, FABIAN JR.
2720 East Camelback Road
Phoenix, AZ 85016

D MARTINEZ, JOSE C.
2720 East Camelback Road
Phoenix, AZ 85016

D WILLIAMS, ERROLL G.
2720 East Camelback Road
Phoenix, AZ 85016

D PIMIENTA, HUGO E.
2720 East Camelback Road
Phoenix, AZ 85016

SVP & GC CLEFF, DAVID M.
2720 East Camelback Road
Phoenix, AZ 85016

SVP SANDERS, G. CHRISTOPHER
2720 E. Camelback Road
Phoenix, AZ 85016

VP ZETAH, MARGARET A.
2720 East Camelback road
Phoenix, AZ 85016

VP STOUFFER, LINDA M.
2720 East Camelback Road
Phoenix, AZ 85020

1-800-888-1606 FAX 1-602-224-6884
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