2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2000 8:00 am
Secretary of State
08-11-2000 90093 031 ***550.00

DOCUMENT # 819436

1. Entity Name

BRADFORD NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
2720 EAST CAMELBACK ROAD PHOENIX AZ 85016 US	P.O. BOX 52121 PHOENIX AZ 85016 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 111 Massachusetts Avenue, NW	Suite, Apt. #, etc.: 111 Massachusetts Avenue, NW
City & State: Washington, DC	City & State: Washington, DC
Zip: 20001 Country: U.S.	Zip: 20001 Country: U.S.

4. FEI Number 31-0522223 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO PHILLIPS, KENNETH W. 2720 EAST CAMELBACK ROAD PHOENIX AZ 85016	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman, President & CEO Robert A. Georgine 111 Massachusetts Avenue, NW Washington, DC 20001	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHRECK, WAYNE A. 2720 EAST CAMELBACK ROAD PHOENIX AZ 85016	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP, CFO & Treasurer John K. Grelle 111 Massachusetts Avenue, NW Washington, DC 20001	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIMIENTA, HUGO E 2720 EAST CAMELBACK ROAD PHOENIX AZ 85016	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, CLO & Secretary Joseph A. Carabillo 111 Massachusetts Avenue, NW Washington, DC 20001	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TEVP MILLER, DUANE A. 2720 EAST CAMELBACK ROAD PHOENIX AZ 85016	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President John R. Aprill 111 Massachusetts Avenue, NW Washington, DC 20001	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, ERROL 2720 EAST CAMELBACK ROAD PHOENIX AZ 85016	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President William C. DeCinque 111 Massachusetts Avenue, NW Washington, DC 20001	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP THOREN, DENISE L. 2720 EAST CAMELBACK ROAD PHOENIX AZ 85016	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President, Controller Daniel P. Spencer 111 Massachusetts Avenue, NW Washington, DC 20001	☒ Change ☐ Addition

CR2E034 (5/00)

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: _____ Joseph A. Carabillo July 17, 2000 (202) 682-4909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED