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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 819514 (1)

1. Corporation Name
NATIONAL FIDELITY LIFE INSURANCE COMPANY

Principal Place of Business
11815 N. PENNSYLVANIA ST.
PO BOX 1911
CARMEL IN 46032
US

Mailing Address
11815 N. PENNSYLVANIA ST.
PO BOX 1911
CARMEL IN 46032-4911
US



3. Date Incorporated or Qualified 04/14/1966 3a. Date of Last Report 04/12/1996

4. FEI Number 44-0367450 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

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

Signature typed or printed name of registered agent or title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CD
HILBERT, STEPHEN C
11815 N PENNSYLVANIA ST
CARMEL IN

☒ DELETE

1.1 TITLE

COBD
Hilbert, Stephen C.
11815 N. Pennsylvania Street
Carmel, IN 46032

☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

VD
GONGAWARE, DONALD F
11815 N PENNSYLVANIA ST
CARMEL IN

☒ DELETE

2.1 TITLE

P
Gongaware, Donald F.
11815 N. Pennsylvania Street
Carmel, IN 46032

☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

VSD
INLOW, LAWRENCE W
11815 N PENNSYLVANIA ST
CARMEL IN

☒ DELETE

3.1 TITLE

EVPS
Inlow, Lawrence W.
11815 N. Pennsylvania Street
Carmel, IN 46032

☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

VD
DICK, ROLLIN M
11815 N PENNSYLVANIA ST
CARMEL IN

☒ DELETE

4.1 TITLE

D
Inlow, Lawrence W.
11815 N. Pennsylvania Street
Carmel, IN 46032

☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

VD
SHORT, K. LOWELL JR
11815 N PENNSYLVANIA ST
CARMEL IN

☒ DELETE

5.1 TITLE

SVPT
Adams, James S.
11815 N. Pennsylvania Street
Carmel, IN 46032

☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

VDI
ADAMS, JAMES S
11815 N. PENNSYLVANIA ST.
CARMEL IN 46032

☒ DELETE

6.1 TITLE

SVPA
Ruhl, Ronald F.
11815 N. Pennsylvania Street
Carmel, IN 46032

☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0476521

CR2E034 (9/96)