PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90192 024 ***150.00

DOCUMENT # 819514 1. Corporation Name

NATIONAL FIDELITY LIFE INSURANCE COMPANY

Principal Place	e of Business	Mailing Address				11001				
11815 N. PENNSYLVANIA ST. 11815 N. PENI		11815 N. PENNSYLVANIA ST.	ennsylvania St.							
PO BOX 1911		PO_BOX 1911					DO NOT IN	OTE IN THE	CDACE	
CARMEL IN 46032		CARMEL IN 46032			-	DO NOT WRITE IN THIS SPACE				
US		US					rporated or Qualif	ed		
						04/14/1				
2. Principal P	lace of Business	2a. Mailing Address			~ .	4. FEI Numi				plied For
21 26 11815 N. Pen			isylvania St.			44-0367	450			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			ŀ	5. Certifcate	of Status Desired	1 🗆	\$8.75 A	
22		27 Dept. A2A							Fee Re	quired
City & State	City & State				6. Election Campaign Financing \$5.00 May Be					
23		28 Carmel, IN				Trust Fur	d Contribution		Added to	o Fees
Zip	Country	Zíp	Country	4		•	oration owes the o	current year Int		T.E
24	25	29 46032 30	US US				Property Tax.			∑ No
	9. Name and Address of Current	Registered Agent				10. Name an	d Address of Ne	w Registered	Agent	
ALOI I	81	Name								
INSURANCE COMMISSIONER			82	82 Street Address (P.O. Box Number is Not Acceptable)						_
CAPITOL BLDG					- '			· /		
TALLAHASSEE FL 32301				1						
{			84	City					85 Zip C	`ode
			64	City				FL	_ 05 210 0	,000
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	corpora	ation submits t	his statement for	the purpose of	changing its	registered
nffice or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	orized by	the corpo	oration'	s board of dire	ectors. I hereby ac	cept the appoi	intment as reg	gistered
Į	in familial with, and accept the obligate	5113 C1, OCCUO11 GG7.0000, 1 16/16	o Clarato	,						
SIGNATURE	Signature, typed or printed name of registered agent :	and title if applicable. (NOTE: Re	gistered Age	nt signature r	required w	hen reinstating)		DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITION	S/CHANGES TO	OFFICERS AN	ND DIRECTO	RS IN 12
TITLE	CD	☐ DELETE	1.1 TITLE						☐ Change	X Addition
NAME	HILBERT, STEPHEN C		1.2 NAME							
STREET ADDRESS	11815 N PENNSYLVANIA ST		1.3 STREE	T ADDRESS						
CITY-ST-ZIP	CARMEL IN		1.4 CITY- 9	ST- <i>7</i> IP	Car	mel, IN	46032			
TITLE	PD DELETE		2.1 TITLE						Change	Addition
NAME	KILIAN, THOMAS J		2.2 NAME							
STREET ADDRESS	11815 N PENNSYLVANIA ST		2.3 STREET ADDRESS							
CITY-ST-ZIP	CARMEL IN		I		Car	mel, IN	46032			
TITLE	EVPD		3.1 TITLE	ψ , - Δ .Π '	1 341	,			Change	X Addition
NAME	DICK. ROLLIN M		3.2 NAME							_
ì '	,									
STREET ADDRESS			3.3 STREET ADDRESS Ca.		Car	mel, IN	46032			
CITY-ST-ZIP	EVSD	☐ DELETE	3.4. CITY	ST-ZIP					☐ Change	X Addition
TITLE		LJ DELETE	9							221.100.2011
NAME	SABL, JOHN J	+	4. 2 NAME							
STREET ADDRESS	11815 N PENNSYLVANIA STREE	I		TADDRESS		1	16022			
CITY-ST-ZIP	CARMEL IN		4.4 CITY-5	ST-ZIP	Car	mel, IN	46032		- Chance	(X) Addition
TITLE	SVPT	☐ DELETE	5.1 TITLE						Change	W Addition
NAME	ADAMS, JAMES S		5.2 NAME							
STREET ADDRESS	11815 N PENNSYLVANIA STREE	T	5.3 STREE	TADDRESS			4.6000			

CITY-ST-ZIP 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CARMEL IN

CARMEL IN

COLLIFLOWER, MICHAEL A

11815 N PENNSYLVANIA ST

☐ DELETE

Michael A. Colliflower

Carmel, IN

Carmel, IN

46032

46032

(317)817-6000

Addition

CR2E034 (11/98)

NATIONAL FIDELITY LIFE INSURANCE COMPANY

OFFICERS AND DIRECTORS

Name

Office

Stephen C. Hilbert Ngaire E. Cuneo Chairman of the Board, Director

Director

Thomas J. Kilian

President, Director

Rollin M. Dick John J. Sabl Karl W. Kindig Executive Vice President and Chief Financial Officer, Director Executive Vice President, General Counsel and Secretary, Director

Director

James S. Adams

Senior Vice President and Treasurer, Director

David J. Barra

Senior Vice President, Finance

Robert E. Burkett, Jr. Michael A. Colliflower Senior Vice President, Legal and Assistant Secretary Senior Vice President, Legal, Chief Compliance Officer

and Assistant Secretary, Director

Senior Vice President, Actuarial

William T. Devanney, Jr.

Senior Vice President, Corporate Taxes

James S. Hawke Ronald F. Ruhl Mark Shaw

Jon F. Davis

Senior Vice President, Actuarial Senior Vice President, Chief Actuary Senior Vice President, Actuarial

K. Lowell Short, Jr.

Senior Vice President, Controller, Director

James M. Crafton James C. Crampton Marcus A. Dallas Vice President, Financial Reporting Vice President, Corporate Taxes

Vice President, Investment Accounting

David D. Humm

Vice President, Corporate Taxes
Vice President, Statutory Reporting

Louis S. Kanowsky Daniel M. Kiefer

Vice President, Accounting
Vice President, Investment Officer

Joseph L. Maverick Dennis A. Taylor

Vice President, Financial Reporting

David A. White

Vice President, Marketing

Steven E. Willeke

Vice President, Financial Reporting

Beth A. Eischeid

Second Vice President, Legal

Allan J. Heindl

Second Vice President, Product Approval and Compliance

Jill A. Kirk Ty V. Nguyen Second Vice President, Actuarial Second Vice President, Accounting

The address for the above Officers and Directors is 11815 N. Pennsylvania St., Carmel, IN 46032.