2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 819514 1. Entity Name NATIONAL FIDELITY LIFE INSURANCE COMPANY					Feb 13, 2001 8:00 am Secretary of State 02-13-2001 90599 027 ***150.00			
Principal Place of Business 11815 N. PENNSYLVANIA ST. PO BOX 1911 CARMEL IN 48032 US		Mailing Address 11815 N. PENNSYLVANIA ST. DEPT A2A CARMEL IN 46032 US			T THE REAL PROPERTY IN THE PROPERTY OF THE PRO			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		B2B City & State			4. FEI Number			oplied For
Zip Country		Zip Country				44-0367450	No.	t Applicable
	6. Name and Address of Curre	nt Pagistared Agent			Certificate of \$ Name and \$4	Idress of New Reg	Fee Require	
	o. Name and Address of Current	nt riegistered Agent	Name		7. Italije gilu Au	diess of New Heg	istered Agent	
CAPI	JRANCE COMMISSIONER ITOL BLDG		Street /	reet Address (P.O. Box Number is Not Acceptable)				
TALL	AHASSEE FL 32301		City				FL Zip Code	e
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 filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution.								
(See crite	ria on back) []	Make Check Payable	to Departmen	nt of State	·			
11.	,	ID DIRECTORS	12.	15	ADDITIONS/CH	ANGES TO OFFICE	RS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HILBERT, STEPHEN C 11815 N PENNSYLVANIA ST CARMEL IN 46032	∑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11815	ce E. Cune 5 N. Penns el, IN 460	ylvania St	□ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KILIAN, THOMAS J 11815 N PENNSYLVANIA ST CARMEL IN 46032	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD DICK, ROLLIN M 11815 N PENNSYLVANIA ST CARMEL IN 46032	🚺 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11815	l K. Herzo 5 N. Penns	ylvania St	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD SABL, JOHN J 11815 N PENNSYLVANIA ST CARMEL IN 46032	☆ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Willi 11815	am T. Dev N. Penns	anney, Jr. ylvania ST		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT ADAMS, JAMES S 11815 N PENNSYLVANIA ST CARMEL IN 46032	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- Valule	1, IN-460	32	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAS COLLIFLOWER, MICHAEL A 11815 N PENNSYLVANIA STI CARMEL IN 46032	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
13. Thereby o	certify that the information supplied wi	ith this filing does not qualify for th	e exemption sta	ited in Sect	ion 119.07(3)(i), F	lorida Statutes, I fur	ther certify that the in	formation

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 thusted 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 expression with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William T. Devanney, Jr.

(317) 817-6000 Daytime Phone #