

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90073 045 ***150.00

DOCUMENT # 841663

1. Entity Name

NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMP

Principal Place of Business

Mailing Address

**4949 KELLER SPRINGS RD.
 ADDISON TX 75001-5910
 US**

**4949 KELLER SPRINGS RD.
 ADDISON TX 75001-5910
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-1623431**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA
 CAPITOL BUILDING
 TALLAHASSEE FL 32304**

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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	PD	<input type="checkbox"/> Delete
NAME	MARTIN, RAYMOND J. J	
STREET ADDRESS	4949 KELLER SPRINGS ROAD	
CITY-ST-ZIP	ADDISON TX 75001-5910	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILL, BRENDA B.	
STREET ADDRESS	4949 KELLER SPRINGS ROAD	
CITY-ST-ZIP	ADDISON TX 75001-5910	
TITLE	TDV	<input type="checkbox"/> Delete
NAME	LANGHAM, JAMES T JR.	
STREET ADDRESS	4949 KELLER SPRINGS ROAD	
CITY-ST-ZIP	ADDISON TX 75001-5910	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, WILLIAM F.	
STREET ADDRESS	ROUTE 2, BOX 355-E	
CITY-ST-ZIP	POTTSBORO TX	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ELLARD, BILLY JOE	
STREET ADDRESS	4949 KELLER SPRINGS ROAD	
CITY-ST-ZIP	ADDISON TX 75001-5910	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLARD, BRIAN M	
STREET ADDRESS	4949 KELLER SPRINGS ROAD	
CITY-ST-ZIP	ADDISON TX 75001-5910	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, RAYMOND J. JR.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Brenda B. Hill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 972-532-2100

Date

Daytime Phone #

CR2E034 (10/00)