

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003209

FILED
Feb 08, 2011
Secretary of State

Entity Name: LIFESHIELD NATIONAL INSURANCE CO.

Current Principal Place of Business:

629 NW GRAND BOULEVARD
SUITE A
OKLAHOMA CITY, OK 73118

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 18223
OKLAHOMA CITY, OK 731540223

New Mailing Address:

FEI Number: 73-1155182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: RECORDS, GEORGE J
Address: 501 NW GRAND BOULEVARD
City-St-Zip: OKLAHOMA CITY, OK 73118

Title: PD
Name: PETERSON, GARY
Address: 629 NW GRAND BOULEVARD #A
City-St-Zip: OKLAHOMA CITY, OK 73118

Title: TD
Name: TACKETT, TIM
Address: 501 NW GRAND BLVD.
City-St-Zip: OKLAHOMA CITY, OK 73118

Title: V
Name: BROOKS, DAVID
Address: 501 NW GRAND BLVD.
City-St-Zip: OKLAHOMA CITY, OK 73118

Title: S
Name: MORGAN, DAVID
Address: 501 NW GRAND BLVD.
City-St-Zip: OKLAHOMA CITY, OK 73118

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY R. PETERSON

P

02/08/2011

Electronic Signature of Signing Officer or Director

Date