

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000004450 (3)**

1. Corporation Name

NATIONAL AMERICAN LIFE INSURANCE COMPANY OF TEXAS

Principal Place of Business

2720 E. CAMELBACK RD.
PHOENIX AZ 85016

Mailing Address

2720 E. CAMELBACK RD.
PHOENIX AZ 85016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/04/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1619721

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

COMMISSIONER OF INSURANCE
DEPT. OF INSURANCE
LARSON BLDG.
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

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 and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

C

NAME

WILSON, J. STEVEN

STREET ADDRESS

7800 BELFORT PKWY #100

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

PD

NAME

KELLY, THOMAS W

STREET ADDRESS

7800 BELFORT PKWY #100

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

VD

NAME

SCHRECK, WAYNE A

STREET ADDRESS

2720 E. CAMELBACK RD.

CITY - ST - ZIP

PHOENIX AZ 85016

TITLE

AST

NAME

PHILLIPS, VICKI

STREET ADDRESS

2720 E. CAMELBACK RD.

CITY - ST - ZIP

PHOENIX AZ

TITLE

D

NAME

GILSTRAP, SUZANNE T

STREET ADDRESS

7800 BELFOR PKWY #100

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Change Addition

Change Addition

Delete From List

Change Addition

P

Change Addition

T

Change Addition

Change Addition

VP
Catherine J. Gray
7800 Belfort Parkway Suite 100
Jacksonville FL 32256

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Catherine J. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/26/95

904 261-2200