FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



MORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 06 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700001684 (6)

STATE NATIONAL LIFE INSURANCE COMPANY, INC.

FT. WORTH TX 76120

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Principal Place of Business		Mailing Address		s semmen sien emist ennit dutte dette dette beit	. 40101 11618 83161 16111 6161 1681	
8200 ANDERSON BLVD.		8200 ANDERSON BLVD.				
FT. WORTH TX 78120		FT. WORTH TX 76120		DO NOT WRITE IN TI	HIS SPACE	
					3. Date Incorporated or Qualified	NO OI FIOL
1					04/03/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		75-1977979	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Cermicate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country				Trust Fund Contribution	Added to Fees	
24	25	—————·	Country 30		8. This corporation owes or has paid the	
[24]	25 29 29 Q. Name and Address of Current Registered Agent		30	30 Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
FI	ORIDA INSURANCE COMMISSI		B1	Name	10. Traine and Address of feet fregister	ou Agent
THE CAPITOL BLDG.						
	LLAHASSEE FL 32301		82 Street Addr		ress (P.O. Box Number is Not Acceptable)	
INDEM INDUCE I E DEDUT			83	 		
			84	City		B5 Zip Code
11. Pursuant	to the provisions of Sections 607 0	02 and 607 1508, Florida Stati	ules, the abov	e-named corp	poration submits this statement for the purpos	o of changing its registered
t Onice or i	registered agent, or both, in the Sta am f a miliar with, and accept the obl	re or Frontas, Such change was	s aumorized b	v the corporat	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE						
	Signature, typed or ported name of registered a			ont signature requi	red when reinstating) DAT	£
12.	OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	
NAME	LEDBETTER, LONNIE K	☐ DETE 1 €	1.1 TITLE			☐ Change ☐ Addition
-	8200 ANDERSON BLVD.		1.2 NAME			
STREET ADDRESS	FT. WORTH TX 76120			T ADDRESS		
CITY-ST-ZIP TITLE	DP	DELETE	1.4 CITY - : 2.1 TITLE	SI-ZIP		Change Addition
NAME	LEDBETTER, TERRY L	E DECE	2.1 TITLE 2.2 NAME			Change Addition
STREET ADDRESS	8200 ANDERSON BLVD.			T ADDRESS	.	
CITY-ST-ZIP	FT. WORTH TX 76120		2.3 STREE 2.4 CITY-			
TITLE	DS	☐ DÉLETE	31 TITLE	Or til		Change Addition
NAME	BL ACKBURN, WYATT D		3.2 NAME			□ Sumayo □ Notificit
STREET ADDRESS	8200 ANDERSON BLVD.			I ADDRESS		
CITY-ST-ZIP	FT. WORTH TX 76120		3.4 CITY-			
TITLE	DT	DELETE	4.1 TOLE	- En		Change Addition
NAME	HALE, DAVID D		4. 2 NAME			
STREET ADDRESS	ACCO ANDERSON PLAN		4.3 STREET	ADDRESS		
CITY-ST-ZIP	FT. WORTH TX 76120	T WORTH TV 70400		ST - ZIP		
TITLE	D	DELETE	5.1 TITLE	"		Change Addition
NAME	GAUDIN, ANITA K 5.2		5.2 NAME			
STREET ADDRESS	8200 ANDERSON BLVD.		5.3 STREET	ADDRESS		5.1

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 supplicated and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on in pagaingly with an address.

5.4 CITY - ST- ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

200002514732 hange -05/07/98--01011--032

***150.00

DELETE