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 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00109** **(9)**

1. Corporation Name
NATIONAL FINANCIAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
777 MAIN STREET FORT WORTH TX 76102	~~403 S AKARD STREET~~ ~~PO BOX 660254~~ ~~DALLAS TX 75266-0254~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1983	3a. Date of Last Report: 03/08/1994
4. FEI Number: 74-2069789	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	2a. Mailing Address
21	26 777 MAIN ST.
22 Suite, Apt. #, etc	27 STE. 900
23 City & State	28 FORT WORTH, TX
24 Zip	25 Country
	29 76102 30 US

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLORIDA INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPO	11 TITLE	PD	XX Change ☐ Addition
NAME	ROBINSON, C. CLIFTON	12 NAME	Thigpen, James W.	
STREET ADDRESS	900 AUSTIN AVE.	13 STREET ADDRESS	777 Main St., Ste. 900	
CITY-ST-ZIP	WACO TX	14 CITY-ST-ZIP	Ft. Worth, TX 76102	
TITLE	VD	21 TITLE	TVD	XX Change ☐ Addition
NAME	ROBINSON, GORDON B	22 NAME	Batte, Michael C.	
STREET ADDRESS	900 AUSTIN AVE.	23 STREET ADDRESS	777 Main St., Ste. 900	
CITY-ST-ZIP	WACO TX	24 CITY-ST-ZIP	Ft. Worth, TX 76102	
TITLE	VTSD	31 TITLE	SVD	XX Change ☐ Addition
NAME	VRLA, LIBBIE M	32 NAME	Norris, Michael C.	
STREET ADDRESS	403 S AKARD STREET	33 STREET ADDRESS	777 Main St., Ste. 900	
CITY-ST-ZIP	DALLAS TX	34 CITY-ST-ZIP	Ft. Worth, TX 76102	
TITLE	VD	41 TITLE	VD	XX Change ☐ Addition
NAME	HAMMER, LAWRENCE C	42 NAME	Weverka, Dennis A.	
STREET ADDRESS	900 AUSTIN AVE.	43 STREET ADDRESS	777 Main St., Ste. 900	
CITY-ST-ZIP	WACO TX	44 CITY-ST-ZIP	Ft. Worth, TX 76102	
TITLE	VD	51 TITLE	VD	XX Change ☐ Addition
NAME	LANHAM, HOWARD M	52 NAME	McCurdy, Ben E.	
STREET ADDRESS	900 AUSTIN AVE	53 STREET ADDRESS	777 Main St., Ste. 900	
CITY-ST-ZIP	WACO TX	54 CITY-ST-ZIP	Ft. Worth, TX 76102	
TITLE	V	61 TITLE	VD	XX Change ☐ Addition
NAME	WOODARD, DONALD	62 NAME	Megless, Margie	
STREET ADDRESS	403 S AKARD STREET	63 STREET ADDRESS	777 Main St., Ste. 900	
CITY-ST-ZIP	DALLAS TX	64 CITY-ST-ZIP	Ft. Worth, TX 76102	

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 119.07(3)(i), 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 added by an amendment with an address.

SIGNATURE: _____ 4-27-95 (817)878-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002770 CF