

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90016 011 ***150.00

DOCUMENT # P00109

1. Corporation Name

NATIONAL FINANCIAL INSURANCE COMPANY

Principal Place of Business

777 MAIN STREET
FORT WORTH TX 76102

Mailing Address

777 MAIN ST.
STE. 900
FT. WORTH TX 76102
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1983

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 110 W. 7th ST

Suite, Apt. #, etc.

22 STE. 300

City & State

23 Fort Worth TX

Zip

24 76102

Country

25 US

2a. Mailing Address

26 110 W. 7th ST

Suite, Apt. #, etc.

27 STE 300

City & State

28 Fort Worth TX

Zip

29 76102

Country

30 US

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
MITCHELL, PATRICK J.
STREET ADDRESS 777 MAIN ST., STE.900
CITY-ST-ZIP FT. WORTH TX

TITLE ☐ DELETE

NAME TVD
BUCHANAN, KELLEY L.
STREET ADDRESS 777 MAIN ST., STE.900
CITY-ST-ZIP FT. WORTH TX

TITLE ☐ DELETE

NAME SVD
O'NEILL, PATRICK H.
STREET ADDRESS 777 MAIN ST., STE. 900
CITY-ST-ZIP FT WO

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 110 W. 7th ST. STE. 300
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 110 W. 7th ST. STE. 300
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 110 W. 7th ST. STE. 300
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, for an attachment with an address, with all other like empowered.

SIGNATURE:

Kelley L. Buchanan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/99 (817) 278-3327

CR2E034 (11/98)

0558753