

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90034 046 \*\*\*150.00

<b>DOCUMENT # P00109</b> 1. Entity Name <b>NATIONAL FINANCIAL INSURANCE COMPANY</b>			
Principal Place of Business <b>801 CHERRY STREET UNIT 33 FORT WORTH, TX 76102</b>		Mailing Address <b>801 CHERRY STREET UNIT 33 FORT WORTH, TX 76102 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1201 W 129 ST</b>		3. Mailing Address <b>1201 W 129 ST</b>	
Suite, Apt., etc. <b>SUITE 300</b>		Suite, Apt., etc. <b>SUITE 300</b>	
City & State <b>OVERLAND PARK KS</b>		City & State <b>OVERLAND PARK KS</b>	
Zip <b>66213</b>		Zip <b>66213</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>74-2069789</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b> NAME <b>CUTLER, BENJAMIN M PRES</b> STREET ADDRESS <b>801 CHERRY STREET, UNIT 33</b> CITY-ST-ZIP <b>FT. WORTH, TX 76102</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PD</b> NAME <b>JOHN E TILLER</b> STREET ADDRESS <b>7201 W 129 ST #300</b> CITY-ST-ZIP <b>OVERLAND PARK KS 66213</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VD</b> NAME <b>WHITE, JAMES R</b> STREET ADDRESS <b>801 CHERRY STREET, UNIT 33</b> CITY-ST-ZIP <b>FT. WORTH, TX 76102</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>S</b> NAME <b>MARY M. RIXEY</b> STREET ADDRESS <b>1201 W 129 ST #300</b> CITY-ST-ZIP <b>OVERLAND PARK KS 66213</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>CFOT</b> NAME <b>KOENIG, CYNTHIA B CFO</b> STREET ADDRESS <b>801 CHERRY STREET, UNIT 33</b> CITY-ST-ZIP <b>FORT WORTH, TX 76102</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>TVD</b> NAME <b>TIMOTHY J BUCHANAN</b> STREET ADDRESS <b>7201 W 129 ST #300</b> CITY-ST-ZIP <b>OVERLAND PARK KS 66213</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VD</b> NAME <b>JACOBS, BILLY</b> STREET ADDRESS <b>801 CHERRY STREET, UNIT 33</b> CITY-ST-ZIP <b>FORT WORTH, TX 76102</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>WILLIAM M BUCHANAN</b> STREET ADDRESS <b>7201 W 129 ST #300</b> CITY-ST-ZIP <b>OVERLAND PARK KS 66213</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>SVD</b> NAME <b>KOBER, KONRAD H SEC</b> STREET ADDRESS <b>801 CHERRY STREET</b> CITY-ST-ZIP <b>FORT WORTH, TX 76102</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VD</b> NAME <b>ANDREW L. WILTSE JR</b> STREET ADDRESS <b>7201 W 129 ST #300</b> CITY-ST-ZIP <b>OVERLAND PARK KS 66213</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>SVP</b> NAME <b>RABINOWITZ, BERNARD</b> STREET ADDRESS <b>801 CHERRY STREET, UNIT 33</b> CITY-ST-ZIP <b>FORT WORTH, TX 76102</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VD</b> NAME <b>JAMES C KNOBEL</b> STREET ADDRESS <b>7201 W 129 ST #300</b> CITY-ST-ZIP <b>OVERLAND PARK KS 66213</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Mary M. Rixey</u> <b>MARY M. RIXEY, SECY</b> <b>4/25/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>			

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