2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 21, 2008 8:00 am **Secretary of State** DOCUMENT # P07124 07-21-2008 90027 020 ***150.00 1. Entity Name NATIONAL SECURITY LIFE AND ANNUITY COMPANY Principal Place of Business Mailing Address 100 COURT STREET ONE FINANCIAL WAY BINGHAMTON, NY 13901 US ATTN: LEGAL DEPT. US CINCINNATI, OH 45242 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07092008 Cha-P CR2E034 (12/06) City & State Applied For City & State 4 FEI Number 13-2740556 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) 200 E. GAINES STREET TALLAHASSEE, FL 32399-0000 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agen) signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1; 10. 11. PDC TITLE Addition Delete TITLE ☐ Change SUSAN E. MISTRETTA NAME PALMER, JOHN J NAME 100 Cours ST. STREET ADDRESS ONE FINANCIALWAY STREET ADDRESS BINGHAMTON, NY 13901 CINCINNATI, OH 45242 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition ☐ Delete ☐ Change ARTHUR J. ROBERTS DOLAN, RONALD J NAME NAME STREET ADDRESS ONE FINANCIALWAY STREET ADDRESS ONE PLANGAL WAY CINCINNATI, OHO 45242 CINCINNATI, OH 45242 CITY-ST-ZIP CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change Addition JOSEPH M. FISCHER BAREFIELD, THOMAS A NAME NAME ONE FINANCIAL WAY STREET ADDRESS ONE FINANCIAL WAY STREET ADDRESS 45242 CITY-ST-ZIP CINCINNATI, OH 45242 CITY-ST-ZIP CINCINDATI 10H10 TITLE ☐ Delete D Change Addition DAVID B. O'MALEY WORTMAN, FREDERICK L NAME NAME STREET ADDRESS 100 COURT STREET STREET ADDRESS ONE FINANCIAL WAS CITY-ST-ZIP BINGHAMTON, NY 13901 CITY-ST-ZIP CINCINNATI OHO TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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.

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

MCDONOUGH, THERESE S

ONE FINANCIAL WAY

CONROY, THOMAS

1290 BROADWAY

DENVER, CO

CINCINNATI, OH 45242

SIGNATURE AND TYPED OR PRINTED NAME
THE STATE OF THE STAT NE OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

■ Addition

FILED