

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07124

FILED
Aug 19, 2009
Secretary of State

Entity Name: NATIONAL SECURITY LIFE AND ANNUITY COMPANY

Current Principal Place of Business:

100 COURT STREET
BINGHAMTON, NY 13901 US

New Principal Place of Business:

Current Mailing Address:

ONE FINANCIAL WAY
ATTN: LEGAL DEPT.
CINCINNATI, OH 45242 US

New Mailing Address:

FEI Number: 13-2740556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: PALMER, JOHN J
Address: ONE FINANCIALWAY
City-St-Zip: CINCINNATI, OH 45242

Title: VPD () Delete
Name: DOLAN, RONALD J
Address: ONE FINANCIALWAY
City-St-Zip: CINCINNATI, OH 45242

Title: VPD () Delete
Name: BAREFIELD, THOMAS A
Address: ONE FINANCIALWAY
City-St-Zip: CINCINNATI, OH 45242

Title: VPD () Delete
Name: WORTMAN, FREDERICK L
Address: 100 COURT STREET
City-St-Zip: BINGHAMTON, NY 13901 US

Title: S () Delete
Name: MCDONOUGH, THERESE S
Address: ONE FINANCIAL WAY
City-St-Zip: CINCINNATI, OH 45242

Title: AS () Delete
Name: MISTRETTE, SUSAN E
Address: 100 COURT ST
City-St-Zip: BINGHAMTON, NY 13901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESE S. MCDONOUGH

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08/19/2009

Electronic Signature of Signing Officer or Director

_____ Date