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 MAR -6 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P20157 (4)

1. Corporation Name
NATIONAL GROUP LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1750 EAST GOLF ROAD, SUITE 1000 SCHAUMBURG IL 60173	1750 EAST GOLF ROAD, SUITE 1000 SCHAUMBURG IL 60173

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/21/1988
3a. Date of Last Report: 12/05/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 36-2544862 ☐ 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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
200 EAST GAINES STREET
LARSON BUILDING
TALLAHASSEE FL 32399

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 _____ DATE
Signature, typed or printed name of registered agent and title if represented (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BROPHY, THOMAS J	1.2 NAME	
STREET ADDRESS	1750 EAST GOLF ROAD, SUITE 1000	1.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL 60173	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	ELLIS, G. KIRK	2.2 NAME	
STREET ADDRESS	1750 EAST GOLF ROAD, SUITE 1000	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL 60173	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	VICKERS, DAVID I	3.2 NAME	
STREET ADDRESS	1750 EAST GOLF ROAD, SUITE 1000	3.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL 60173	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	POPPLEWELL, DAVID H	4.2 NAME	
STREET ADDRESS	2005 WEST 4TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45201	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	RESNICK, LEE H	5.2 NAME	
STREET ADDRESS	1750 EAST GOLF ROAD, SUITE 1000	5.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL 60173	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	FISKOW, PHILIP J	6.2 NAME	
STREET ADDRESS	1750 EAST GOLF ROAD, SUITE 1000	6.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL 60173	6.4 CITY-ST-ZIP	

14. I do hereby certify that no information appearing 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 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 on an attachment with an address.

SIGNATURE: David I. Vickers, Treasurer 2/22/1995 (708) 995 0400
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466906 FP