

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P20157 (4)**
1. Corporation Name
NATIONAL GROUP LIFE INSURANCE COMPANY



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

3. Date Incorporated or Qualified: **07/21/1988**
3a. Date of Last Report: **03/06/1995**
4. FEI Number: **36-2544862**
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

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROPHY, THOMAS J	
STREET ADDRESS	1750 EAST GOLF ROAD, SUITE 1000	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, G. KIRK	
STREET ADDRESS	1750 EAST GOLF ROAD, SUITE 1000	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VICKERS, DAVID I	
STREET ADDRESS	1750 EAST GOLF ROAD, SUITE 1000	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POPPELWELL, DAVID H	
STREET ADDRESS	2005 WEST 4TH STREET	
CITY-ST-ZIP	CINCINNATI OH 45201	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RESNICK, LEE H	
STREET ADDRESS	1750 EAST GOLF ROAD, SUITE 1000	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISKOW, PHILIP J	
STREET ADDRESS	1750 EAST GOLF ROAD, SUITE 1000	
CITY-ST-ZIP	SCHAUMBURG IL 60173	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S
2.3 STREET ADDRESS	Waid, Addison C.
2.4 CITY-ST-ZIP	1750 East Golf Road Schaumburg, IL 60173
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V
5.3 STREET ADDRESS	Wolfram, Bradley A.
5.4 CITY-ST-ZIP	1750 East Golf Road Schaumburg, IL 60173
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or if an attachment with an address.

SIGNATURE: *David I. Vickers* David I. Vickers, Treasurer 2/22/96 (847)995-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)