

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 10:57

DOCUMENT # **P30991** (4)

1. Corporation Name

NATIONAL MUTUAL LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

P.O. BOX 3201
CARMEL IN 46032

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CARMEL IN 46032

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

09/14/1990

01/26/1994

4. FEI Number

35-1034321

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. 198.032,
Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CP
NAME	SMITH, WILLIAM M.
STREET ADDRESS	1721 WOOD VALLEY DRIVE
CITY- ST- ZIP	CARMEL IN
TITLE	DVS
NAME	SMITH, ANDREA L.
STREET ADDRESS	1721 WOOD VALLEY DRIVE
CITY- ST- ZIP	CARMEL IN
TITLE	DAS
NAME	SMITH, LISA M.
STREET ADDRESS	301 RIPPLE ROAD
CITY- ST- ZIP	INDIANAPOLIS IN
TITLE	DEVT
NAME	SMITH, KEVIN M.
STREET ADDRESS	377 PATRICIA COURT
CITY- ST- ZIP	CARMEL IN
TITLE	D
NAME	CRAIG, REX M.
STREET ADDRESS	RR 4, BOX 50 D
CITY- ST- ZIP	TIPTON IN
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SMITH, WILLIAM M.	
13 STREET ADDRESS	1721 WOOD VALLEY DRIVE	
14 CITY- ST- ZIP	CARMEL IN	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SMITH, LISA M.	
33 STREET ADDRESS	4247 N. HERMITAGE	
34 CITY- ST- ZIP	CHICAGO, IL 60613	
4.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SMITH, KEVIN M.	
43 STREET ADDRESS	377 PATRICIA COURT	
44 CITY- ST- ZIP	CARMEL, IN	
5.1 TITLE	DAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	CRAIG, REX M.	
53 STREET ADDRESS	RR4, Box 50 D	
54 CITY- ST- ZIP	TIPTON, IN	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 on an attachment with an address.

SIGNATURE: *Andrea L. Smith*

Andrea L. Smith, Vice President 1/12/95 317-848-9306

SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR

Date

Telephone Number