

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P30991 (4)

1. Corporation Name
NATIONAL MUTUAL LIFE INSURANCE COMPANY



Principal Place of Business: **P.O. BOX 3201 CARMEL IN 46032**
Mailing Address: **P.O. BOX 3201 CARMEL IN 46032**

3. Date Incorporated or Qualified: **09/14/1990**
3a. Date of Last Report: **01/19/1995**
4. FET 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. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

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 of Registered Agent) _____ (Signature of Corporation Representative)

12. OFFICERS AND DIRECTORS		
TITLE	C	<input type="checkbox"/> DELETE
NAME	SMITH, WILLIAM M.	
STREET ADDRESS	1721 WOOD VALLEY DRIVE	
CITY-STATE-ZIP	CARMEL IN	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	SMITH, ANDREA L	
STREET ADDRESS	1721 WOOD VALLEY DRIVE	
CITY-STATE-ZIP	CARMEL IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, LISA M.	
STREET ADDRESS	4247 N HERMITAGE	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	SMITH, KEVIN M.	
STREET ADDRESS	377 PATRICIA COURT	
CITY-STATE-ZIP	CARMEL IN	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	CRAIG, REX M.	
STREET ADDRESS	RR 4, BOX 50 D	
CITY-STATE-ZIP	TIPTON IN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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: *Indra L. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
INDRA L. SMITH, VICE SECRETARY

1/22/96 317-848-9306
Date Daytime Phone #

CR2E034 (12/95)