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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 46032-8201

3. Date Incorporated or Qualified: 09/14/1990
3a. Date of Last Report: 01/30/1996
4. FEI Number: 35-1034321
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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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 City: 84 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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILLIAM M.	1.2 NAME	
STREET ADDRESS	1721 WOOD VALLEY DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CARMEL IN	1.4 CITY - ST - ZIP	
TITLE	DVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ANDREA L	2.2 NAME	
STREET ADDRESS	1721 WOOD VALLEY DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CARMEL IN	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LISA M.	3.2 NAME	
STREET ADDRESS	4247 N HERMITAGE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	3.4 CITY - ST - ZIP	
TITLE	DPT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, KEVIN M.	4.2 NAME	
STREET ADDRESS	377 PATRICIA COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	CARMEL IN	4.4 CITY - ST - ZIP	
TITLE	DAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, REX M.	5.2 NAME	
STREET ADDRESS	RR 4, BOX 50 D	5.3 STREET ADDRESS	
CITY - ST - ZIP	TIPTON IN	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kevin M Smith 2-22-97 317-848-9306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)