

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805741

Entity Name: NATIONAL LIFE INSURANCE COMPANY**Current Principal Place of Business:**ONE NATIONAL LIFE DR
MONTPELIER, VT 05604**Current Mailing Address:**ONE NATIONAL LIFE DR
MONTPELIER, VT 05604**FEI Number:** 03-0144090**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 32399 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CARLSON, CAROL A
Address ONE NATIONAL LIFE DRIVE
City-State-Zip: MONTPELIER VT 05604

Title DIRECTOR
Name MACLEAY, THOMAS H
Address ONE NATIONAL LIFE DRIVE
City-State-Zip: MONTPELIER VT 05604

Title SECRETARY
Name JUNG, KERRY A
Address ONE NATIONAL LIFE DRIVE
City-State-Zip: MONTPELIER VT 05604

Title EVP, CFO, & TREASURER
Name COTTON, ROBERT E.
Address ONE NATIONAL LIFE DRIVE
City-State-Zip: MONTPELIER VT 05604

Title CEO & PRESIDENT, DIRECTOR,
CHAIRMAN
Name MEHRAN, ASSADI
Address ONE NATIONAL LIFE DRIVE
City-State-Zip: MONTPELIER VT 05604

Title DIRECTOR
Name SIMMONS, HARRIS H
Address ONE NATIONAL LIFE DRIVE
City-State-Zip: MONTPELIER VT 05604

Title DIRECTOR
Name LISMAN, BRUCE
Address ONE NATIONAL LIFE DRIVE
City-State-Zip: MONTPELIER VT 05604

Title DIRECTOR
Name COATES, DAVID R.
Address ONE NATIONAL LIFE DR
City-State-Zip: MONTPELIER VT 05604

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CATHERINE FISK**ASSISTANT SECRETARY** 01/25/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PORTER, ROGER B.
Address ONE NATIONAL LIFE DR
City-State-Zip: MONTPELIER VT 05604

Title ASSISTANT SECRETARY
Name FISK, CATHERINE
Address ONE NATIONAL LIFE DR
City-State-Zip: MONTPELIER VT 05604

Title DIRECTOR
Name DOUGLAS, JAMES H.
Address ONE NATIONAL LIFE DR
City-State-Zip: MONTPELIER VT 05604

Title DIRECTOR
Name BRIGHT, YVETTE D
Address ONE NATIONAL LIFE DRIVE
City-State-Zip: MONTPELIER VT 05604