2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2014
Secretary of State
CC9873963377

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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: Yes

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	PRENTICE, III, EUGENE M
Address	ONE NATIONAL LIFE DRIVE
City-State-Zip:	MONTPELIER VT 05604

Title	DIRECTOR, CHAIRMAN
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	ASST. SECRETARY
Name	MILLER, RHONDA J.
Address	ONE NATIONAL LIFE DRIVE
City-State-Zip:	MONTPELIER VT 05604

Title	CEO & PRESIDENT, DIRECTOR
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	TREASURER
Name	MESSIER, DONALD P.
Address	ONE NATIONAL LIFE DRIVE
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: RHONDA MILLER ASST. SECY 01/29/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	DIRECTOR
Name	MCCARREN, V. LOUISE
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	ELLINGER, DEBORAH G
Address	ONE NATIONAL LIFE DR
City-State-Zip:	MONTPELIER VT 05604

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