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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**

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



DOCUMENT # 819436 (7)

1. Corporation Name
BRADFORD NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business
**201 ST. CHARLES AVE. SUITE 4310
NEW ORLEANS LA 70170-4310**

Mailing Address
**201 ST. CHARLES AVE. SUITE 4310
NEW ORLEANS LA 70170-4310**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/14/1966** 3a. Date of Last Report **09/22/1994**

4. FEI Number **31-0522223** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGE, ROGER	1.2 NAME	Williams, Errol
STREET ADDRESS	201 ST CHARLES AVE	1.3 STREET ADDRESS	1300 Perdido Street, 4E City Hall - Civic
CITY - ST - ZIP	NEW ORLEANS LA	1.4 CITY - ST - ZIP	New Orleans, LA 70112 Center
TITLE	CEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, DOUGLAS B	2.2 NAME	
STREET ADDRESS	201 ST CHARLES AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW ORLEANS LA	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIMENTA, HUGO E	3.2 NAME	
STREET ADDRESS	201 ST CHARLES AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW ORLEANS LA	3.4 CITY - ST - ZIP	
TITLE	VI	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARLOVITZ, LEO F	4.2 NAME	
STREET ADDRESS	201 ST CHARLES AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW ORLEANS LA	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 in singular, or on an attachment with an asterisk.

SIGNATURE: **Leo F. Karlovitz** **03/16/95** **(504) 569-1600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR