

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

| | | | |
|--------------------------------|-------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 03/14/1966 | 3a. Date of Last Report 03/23/1995 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 31-0522223 | Applied For Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Country | 29. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

Signature of Registered Agent (Required when first filing and if applicable)

Signature of 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 | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LANGE, ROGER | 1.2 NAME | Edward H. Martin |
| STREET ADDRESS | 201 ST CHARLES AVE | 1.3 STREET ADDRESS | 201 St. Charles Ave. |
| CITY-ST-ZIP | NEW ORLEANS LA | 1.4 CITY- ST-ZIP | New Orleans, LA 70170-4310 |
| TITLE | CEO | 2.1 TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PIERCE, DOUGLAS B | 2.2 NAME | James M. Daniels |
| STREET ADDRESS | 201 ST CHARLES AVE | 2.3 STREET ADDRESS | 201 St. Charles Ave. |
| CITY- ST-ZIP | NEW ORLEANS LA | 2.4 CITY- ST-ZIP | New Orleans, LA 70170-4310 |
| TITLE | D | 3.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PIMENTA, HUGO E | 3.2 NAME | Fabian Chavez, Jr. |
| STREET ADDRESS | 201 ST CHARLES AVE | 3.3 STREET ADDRESS | 325 Paseo de Peralta |
| CITY- ST-ZIP | NEW ORLEANS LA | 3.4 CITY- ST-ZIP | Santa Fe, New Mexico 87501 |
| TITLE | VT | 4.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KARLOVITZ, LEO F | 4.2 NAME | Jerry B. Willis |
| STREET ADDRESS | 201 ST CHARLES AVE | 4.3 STREET ADDRESS | 9487 Brookline Drive |
| CITY- ST-ZIP | NEW ORLEANS LA | 4.4 CITY- ST-ZIP | Baton Rouge, IA 70809 |
| TITLE | D | 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WILLIAMS, ERROL | 5.2 NAME | Martinez Jose Covarrubias |
| STREET ADDRESS | 1300 PERDIDO ST 4E CITY HALL | 5.3 STREET ADDRESS | FCO.I. Madero 21 |
| CITY- ST-ZIP | NEW ORLEANS LA | 5.4 CITY- ST-ZIP | Mexico, D.I. 01040 |
| TITLE | | 6.1 TITLE | CEO/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | Douglas B. Pierce |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 201 St. Charles Ave. |
| CITY- ST-ZIP | | 6.4 CITY- ST-ZIP | New Orleans, LA 70170-4310 |

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 reports 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/05/96 (504) 569-1600
Date Daytime Phone #

CR2E034 (12/95)