

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 25 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 # 819436 (7)  
1. Corporation Name  
BRADFORD NATIONAL LIFE INSURANCE COMPANY



Principal Place of Business 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	3a. Date of Last Report
21 State, Apt. #, etc.	26 State, Apt. #, etc.	03/14/1966	03/11/1996
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	31-0522223	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	<input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution
			<input type="checkbox"/> \$5.00 May Be Added to Fees
		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	10. Name and Address of New Registered Agent
FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32304	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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: Treasurer of the State Florida DATE: 2-26-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DELETE	11 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
PSD LANGE, ROGER	<input type="checkbox"/>	12 NAME	VT T. FRANK PAYTON
STREET ADDRESS		13 STREET ADDRESS	201 St. Charles Ave
201 ST CHARLES AVE		14 CITY-ST-ZIP	New Orleans LA
CITY		21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NEW ORLEANS LA		22 NAME	
CEOC	<input type="checkbox"/>	23 STREET ADDRESS	
NAME		24 CITY-ST-ZIP	
PIERCE, DOUGLAS B		31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		32 NAME	
201 ST CHARLES AVE		33 STREET ADDRESS	
CITY		34 CITY-ST-ZIP	
NEW ORLEANS LA		41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
D	<input type="checkbox"/>	42 NAME	
NAME		43 STREET ADDRESS	
PIMIENTA, HUGO E		44 CITY-ST-ZIP	
STREET ADDRESS		51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
201 ST CHARLES AVE		52 NAME	
CITY		53 STREET ADDRESS	
NEW ORLEANS LA		54 CITY-ST-ZIP	
VT	<input checked="" type="checkbox"/>	61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		62 NAME	
KARLOVITZ, LEO F		63 STREET ADDRESS	
STREET ADDRESS		64 CITY-ST-ZIP	
201 ST CHARLES AVE			
CITY			
NEW ORLEANS LA			
D	<input type="checkbox"/>		
NAME			
WILLIAMS, ERROL			
STREET ADDRESS			
1300 PERDIDO ST 4E CITY HALL			
CITY			
NEW ORLEANS LA			
V	<input type="checkbox"/>		
NAME			
MARTIN, EDWARD H			
STREET ADDRESS			
201 ST CHARLES AVE			
CITY			
NEW ORLEANS LA			

14. I 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 is based 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 in an attachment with an address.

SIGNATURE: T. Frank Payton DATE: 504-569-1600

CR2E034 (9/96)