

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 819436

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

FILED
Sep 09 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1966

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes

No

2. Principal Place of Business

21 2720 E. Camelback Rd.

Suite, Apt. #, etc.

22

City & State

23 Phoenix, AZ

Zip

24 85016

Country

25 Maricopa

2a. Mailing Address

26 P.O. Box 52121

Suite, Apt. #, etc.

27

City & State

28 Phoenix, AZ

Zip

29 85016

Country

30 Maricopa

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS D [X] DELETE

NAME LANGE, ROGER
STREET ADDRESS 201 ST CHARLES AVE
CITY-ST-ZIP NEW ORLEANS LA

TITLE CEOC [X] DELETE

NAME PIERCE, DOUGLAS B
STREET ADDRESS 201 ST CHARLES AVE
CITY-ST-ZIP NEW ORLEANS LA

TITLE D [] DELETE

NAME PIMIENTA, HUGO E
STREET ADDRESS 201 ST CHARLES AVE
CITY-ST-ZIP NEW ORLEANS LA

TITLE VT [X] DELETE

NAME PAYTON, T. FRANK
STREET ADDRESS 201 ST. CHARLES AVE.
CITY-ST-ZIP NEW ORLEANS LA

TITLE D [] DELETE

NAME WILLIAMS, ERROL
STREET ADDRESS 1300 PERDIDO ST 4E CITY HALL
CITY-ST-ZIP NEW ORLEANS LA

TITLE V [X] DELETE

NAME MARTIN, EDWARD H
STREET ADDRESS 201 ST CHARLES AVE
CITY-ST-ZIP NEW ORLEANS LA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE See Attached List [] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE [] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE [X] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE [X] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 if changed, or on an attachment with an address.

CR2E034 (5/98)



BRADFORD NATIONAL
LIFE INSURANCE COMPANY
"Securing Your Future"

BRADFORD NATIONAL LIFE
OFFICERS & DIRECTORS

CEO C D PHILLIPS, KENNETH W.

2720 East Camelback Road
Phoenix, AZ 85016

SVP & GC CLEFF, DAVID M.

2720 East Camelback Road
Phoenix, AZ 85016

P D SCHRECK, WAYNE A.

2720 East Camelback Road
Phoenix, AZ 85016

SVP SANDERS, G. CHRISTOPHER

2720 E. Camelback Road
Phoenix, AZ 85016

T EVP MILLER, DUANE A.

20 East Camelback Road
Phoenix, AZ 85016

VP ZETAH, MARGARET A.

2720 East Camelback road
Phoenix, AZ 85016

S VP THOREN, DENISE L.

2720 East Camelback Road
Phoenix, AZ 85016

VP STOUFFER, LINDA M.

2720 East Camelback Road
Phoenix, AZ 85020

SVP STEVENS, KATHY E.

2720 East Camelback Road
Phoenix, AZ 85016

D CHAVEZ, FABIAN JR.

2720 East Camelback Road
Phoenix, AZ 85016

D MARTINEZ, JOSE C.

2720 East Camelback Road
Phoenix, AZ 85016

D WILLIAMS, ERROLL G.

2720 East Camelback Road
Phoenix, AZ 85016

D PIMIENTA, HUGO E.

2720 East Camelback Road
Phoenix, AZ 85016