

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

**FILED**  
**May 21, 1999 8:00 am**  
**Secretary of State**

05-21-1999 90007 012 \*\*\*150.00

12345678

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 819436**

1. Corporation Name  
**BRADFORD NATIONAL LIFE INSURANCE COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2720 EAST CAMELBACK ROAD PHOENIX AZ 85016 US	P.O. BOX 52121 PHOENIX AZ 85016 US

3. Date Incorporated or Qualified	Applied For
03/14/1966	<input type="checkbox"/>
4. FEI Number	Not Applicable
31-0522223	<input type="checkbox"/>
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	<input type="checkbox"/>
6. Election Campaign Financing Trust Fund Contributor	\$5.00 May Be Added to Fees
<input type="checkbox"/>	<input type="checkbox"/>
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 52121
22 City & State	27 Suite, Apt. #, etc.
23 Phoenix, AZ	28 Phoenix, AZ
24 Zip	29 85072-2121
25 Country	30 US

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	PHILLIPS, KENNETH W.	
STREET ADDRESS	2720 EAST CAMELBACK ROAD	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHRECK, WAYNE A.	
STREET ADDRESS	2720 EAST CAMELBACK ROAD	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIMIENTA, HUGO E	
STREET ADDRESS	2720 EAST CAMELBACK ROAD	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	TEVP	<input type="checkbox"/> DELETE
NAME	MILLER, DUANE A.	
STREET ADDRESS	2720 EAST CAMELBACK ROAD	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ERROL	
STREET ADDRESS	2720 EAST CAMELBACK ROAD	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	THOREN, DENISE L.	
STREET ADDRESS	2720 EAST CAMELBACK ROAD	
CITY-ST-ZIP	PHOENIX AZ 85016	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *[Signature]* 5/17/99 602-957-0778  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)