

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90093 031 ***550.00

DOCUMENT # 819436

1. Entity Name
BRADFORD NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business
 2720 EAST CAMELBACK ROAD
 PHOENIX AZ 85016
 US

Mailing Address
 P.O. BOX 52121
 PHOENIX AZ 85016
 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 111 Massachusetts Avenue, NW

3. Mailing Address
 Suite, Apt. #, etc.
 111 Massachusetts Avenue, NW

City & State
 Washington, DC

City & State
 Washington, DC

Zip
 20001

Country
 U.S.

Zip
 20001

Country
 U.S.

4. FEI Number
31-0522223

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, President & CEO Robert A. Georgine 111 Massachusetts Avenue, NW Washington, DC 20001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP, CFO & Treasurer John K. Grelle 111 Massachusetts Avenue, NW Washington, DC 20001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, CLO & Secretary Joseph A. Carabillo 111 Massachusetts Avenue, NW Washington, DC 20001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President John R. Aprill 111 Massachusetts Avenue, NW Washington, DC 20001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President William C. DeCinque 111 Massachusetts Avenue, NW Washington, DC 20001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Controller Daniel P. Spencer 111 Massachusetts Avenue, NW Washington, DC 20001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph A. Carabillo* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 17, 2000 (202) 682-4909
 Date Daytime Phone #

CR2E034 (5/00)