FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:21

DOCUMENT # **828813** **(6)**

1. Corporation Name
OZARK NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
500 E. 9TH ST. P.O. BOX 2059 KANSAS CITY MO 64142	500 E. 9TH ST. P.O. BOX 2059 KANSAS CITY MO 64142

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/10/1972	03/07/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 43-0812448 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	SHARPE, CHARLES N.	1.2 NAME		
STREET ADDRESS	500 E. 9TH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	1.4 CITY-ST-ZIP		
TITLE	SVD	2.1 TITLE		☐ Change ☐ Addition
NAME	DUNCAN, STEPHEN S.	2.2 NAME		
STREET ADDRESS	500 E. 9TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	2.4 CITY-ST-ZIP		
TITLE	TDV	3.1 TITLE		☐ Change ☐ Addition
NAME	WEBER, S. ALAN	3.2 NAME		
STREET ADDRESS	500 E. 9TH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	XX Change ☐ Addition
NAME	BUNCH, CAROL S.	4.2 NAME	DOWNEY, CAROL B.	
STREET ADDRESS	500 E. 9TH STREET	4.3 STREET ADDRESS	500 E. 9TH STREET	
CITY-ST-ZIP	KANSAS CITY MO	4.4 CITY-ST-ZIP	KANSAS CITY, MO 64106	
TITLE	D	5.1 TITLE	D	☐ Change XX Addition
NAME	GENSLER, LINDA J.	5.2 NAME	BERRY, THOMAS E.	
STREET ADDRESS	500 E. 9TH STREET	5.3 STREET ADDRESS	500 E. 9TH STREET	
CITY-ST-ZIP	KANSAS CITY MO	5.4 CITY-ST-ZIP	KANSAS CITY, MO 64106	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	EMERSON, JAMES T.	6.2 NAME		
STREET ADDRESS	500 E. 9TH ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	6.4 CITY-ST-ZIP		

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)(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 (changed), or on an attachment with an address.

SIGNATURE: _____ 2-25-95 (816) 842-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
STEPHEN S. DUNCAN, SECRETARY

0400074 FN