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Mar 05 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 # 828813 (6)

1. Corporation Name

OZARK NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business

500 E. 9TH ST.
P.O. BOX 2059
KANSAS CITY MO 64142

Mailing Address

500 E. 9TH ST.
P.O. BOX 2059
KANSAS CITY MO 64142-2059



3. Date Incorporated or Qualified

10/10/1972

3a. Date of Last Report

03/04/1996

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	PD	<input type="checkbox"/> DELETE
NAME	SHARPE, CHARLES N.	
STREET ADDRESS	500 E. 9TH STREET	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	DUNCAN, STEPHEN S.	
STREET ADDRESS	500 E. 9TH STREET	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	TDV	<input type="checkbox"/> DELETE
NAME	WEBER, S. ALAN	
STREET ADDRESS	500 E. 9TH STREET	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWNEY, CAROL B	
STREET ADDRESS	500 E. 9TH STREET	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERRY, THOMAS E	
STREET ADDRESS	500 E. 9TH STREET	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EMERSON, JAMES T.	
STREET ADDRESS	500 E. 9TH ST.	
CITY-ST-ZIP	KANSAS CITY MO	

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 do 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

SIGNATURE:

REQUIRED

2/24/97

(816)842-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN S. DUNCAN SECRETARY

Date

Daytime Phone #

CR2E034 (9/96)