


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 828813</b>	
1. Entity Name <b>OZARK NATIONAL LIFE INSURANCE COMPANY</b>	

Principal Place of Business 500 E. 9TH ST. P.O. BOX 15688 KANSAS CITY, MO 64106	Mailing Address P.O. BOX 15688 KANSAS CITY, MO 64106
--	--



01312004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>43-0812448</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
--	-----------------------------------

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

000000085640  
03/11/04-80055-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARPE, CHARLES N 500 E. 9TH STREET KANSAS CITY, MO 64106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD EMERSON, JAMES T 500 E. 9TH STREET KANSAS CITY, MO 64106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBER, ALAN S 500 E. 9TH STREET KANSAS CITY, MO 64106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNEY, CAROL B 500 E. 9TH STREET KANSAS CITY, MO 64106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERRY, THOMAS E 500 E. 9TH STREET KANSAS CITY, MO 64106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MELTON, DAVID R 500 E. 9TH ST. KANSAS CITY, MO 64106

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  David R. Melton 2/26/04 816-842-6300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #