

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 828813

1. Entity Name
OZARK NATIONAL LIFE INSURANCE COMPANY



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

DO NOT WRITE IN THIS SPACE



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number
43-0812448

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SHARPE, CHARLES N
STREET ADDRESS 500 E. 9TH STREET
CITY-ST-ZIP KANSAS CITY, MO 64106

TITLE TVD
NAME EMERSON, JAMES T
STREET ADDRESS 500 E. 9TH STREET
CITY-ST-ZIP KANSAS CITY, MO 64106

TITLE PD
NAME WEBER, ALAN S
STREET ADDRESS 500 E. 9TH STREET
CITY-ST-ZIP KANSAS CITY, MO 64106

TITLE D
NAME BUNCH, CAROL S
STREET ADDRESS 500 E. 9TH STREET
CITY-ST-ZIP KANSAS CITY, MO 64106

TITLE VD
NAME SHARPE, LAURIE J
STREET ADDRESS 500 E. 9TH STREET
CITY-ST-ZIP KANSAS CITY, MO 64106

TITLE VSD
NAME MELTON, DAVID R
STREET ADDRESS 500 E. 9TH ST.
CITY-ST-ZIP KANSAS CITY, MO 64106

1100000456860
03/16/06 80046-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **James T Emerson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exec VP/Treas **2/24/06** **816-842-6300**
Date Daytime Phone #