2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2011
Secretary of State

DOCUMENT# 828813

Entity Name: OZARK NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

500 E. 9TH ST.
KANSAS CITY, MO 64106

New Principal Place of Business:

Current Mailing Address:

500 E. 9TH ST.
KANSAS CITY, MO 64106

New Mailing Address:

FEI Number: 43-0812448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: SHARPE, CHARLES N
Address: 500 E. 9TH STREET
City-St-Zip: KANSAS CITY, MO 64106

Title: VPTD
Name: EMERSON, JAMES T
Address: 500 E. 9TH STREET
City-St-Zip: KANSAS CITY, MO 64106

Title: SD
Name: MELTON, DAVID R
Address: 500 E. 9TH STREET
City-St-Zip: KANSAS CITY, MO 64106

Title: D
Name: BOONE, CAROL S
Address: 500 E. 9TH STREET
City-St-Zip: KANSAS CITY, MO 64106

Title: VD
Name: SHARPE, LAURIE J
Address: 500 E. 9TH STREET
City-St-Zip: KANSAS CITY, MO 64106

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES T. EMERSON VPTD 03/30/2011

Electronic Signature of Signing Officer or Director — Date