

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K52589

Entity Name: NATIONAL FARMERS UNION LIFE INSURANCE COMPANY**Current Principal Place of Business:**300 WEST 11TH ST.
KANSAS CITY, MO 64105**Current Mailing Address:**300 WEST 11TH ST.
KANSAS CITY, MO 64105**FEI Number:** 84-6024157**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name MULLER, GARY L
Address 300 WEST 11TH ST.
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR, PRESIDENT, CEO
Name POLKINGHORN, PHILIP K
Address 300 WEST 11TH ST.
City-State-Zip: KANSAS CITY MO 64105

Title SECRETARY
Name CAVANAUGH, REBECCA L
Address 300 WEST 11TH ST.
City-State-Zip: KANSAS CITY MO 64105

Title VP, CAO
Name OSTER, DONALD
Address 300 WEST 11TH ST.
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR
Name FALLON, MARK K
Address 300 WEST 11TH ST.
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR, VP, CIO
Name HAMILTON, GREGORY A
Address 300 WEST 11TH ST.
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR
Name ANDERSON, JAMES L
Address 300 WEST 11TH ST.
City-State-Zip: KANSAS CITY MO 64105

Title VP
Name DUNAWAY, SANDRA
Address 300 WEST 11TH ST.
City-State-Zip: KANSAS CITY MO 64105

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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: REBECCA L CAVANAUGH**SECRETARY****03/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name LAPLANT, ROBERT
Address 300 WEST 11TH ST.
City-State-Zip: KANSAS CITY MO 64105

Title ASST. TREASURER
Name MILLER, DONNA
Address 300 WEST 11TH ST.
City-State-Zip: KANSAS CITY MO 64105

Title VP, CMO
Name THORNTON, JEREMY
Address 300 WEST 11TH ST.
City-State-Zip: KANSAS CITY MO 64105

Title VP
Name KING, FRANCES
Address 300 WEST 11TH ST.
City-State-Zip: KANSAS CITY MO 64105