

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818908

Entity Name: JEFFERSON NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

10350 ORMSBY PARK PLACE
LOUISVILLE, KY 40223

Current Mailing Address:

10350 ORMSBY PARK PLACE
LOUISVILLE, KY 40223 US

FEI Number: 75-0300900

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES STREET
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 PRESIDENT, DIRECTOR
Name HAWLEY, CRAIG
Address 10350 ORMSBY PARK PLACE
City-State-Zip: LOUISVILLE KY 40223

Title TREASURER, DIRECTOR
Name REESE, JOHN A.
Address 10350 ORMSBY PARK PLACE
City-State-Zip: LOUISVILLE KY 40223

Title SECRETARY
Name SKINGLE, DENISE L.
Address 10350 ORMSBY PARK PLACE
City-State-Zip: LOUISVILLE KY 40223

Title DIRECTOR
Name CARTER, JOHN L.
Address 10350 ORMSBY PARK PLACE
City-State-Zip: LOUISVILLE KY 40223

Title DIRECTOR
Name FROMMEYER, THOMOTHY G.
Address 10350 ORMSBY PARK PLACE
City-State-Zip: LOUISVILLE KY 40223

Title DIRECTOR
Name GINNAN, STEVEN A.
Address 10350 ORMSBY PARK PLACE
City-State-Zip: LOUISVILLE KY 40223

Title DIRECTOR
Name HENDERSON, ERIC S.
Address 10350 ORMSBY PARK PLACE
City-State-Zip: LOUISVILLE KY 40223

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: DENISE L. SKINGLE

SECRETARY

09/07/2021

Electronic Signature of Signing Officer/Director Detail

Date