

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 818908

**Entity Name:** JEFFERSON NATIONAL LIFE INSURANCE COMPANY

**FILED**  
**May 01, 2020**  
**Secretary of State**  
**9455190421CC**

**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  
Name            VAP, JOSEPH  
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

Title            DIRECTOR  
Name            VAP, JOSEPH F.  
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**

**05/01/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date