

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828813

Entity Name: OZARK NATIONAL LIFE INSURANCE COMPANY**Current Principal Place of Business:**500 E. 9TH ST.
KANSAS CITY, MO 64106**Current Mailing Address:**PO BOX 219541
KANSAS CITY, MO 64121-9541**FEI Number: 43-0812448****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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 SHARPE, LAURIE J
Address 500 E. 9TH STREET
City-State-Zip: KANSAS CITY MO 64106

Title VP, TREASURER, DIRECTOR
Name EMERSON, JAMES T
Address 500 E. 9TH STREET
City-State-Zip: KANSAS CITY MO 64106

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

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

Title VP, DIRECTOR
Name BURKHOLDER, JONATHAN B
Address 500 E 9TH ST
City-State-Zip: KANSAS CITY MO 64106

Title VP
Name HARRISH, JOSEPH P
Address 500 E 9TH ST
City-State-Zip: KANSAS CITY MO 64106

Title DIRECTOR
Name KILGORE, AMY J
Address 500 E 9TH ST
City-State-Zip: KANSAS CITY MO 64106

Title DIRECTOR
Name MORGAN, RHONDA A
Address 500 E 9TH ST
City-State-Zip: KANSAS CITY MO 64106

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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: JONATHAN B BURKHOLDER**VICE
PRESIDENT/CONTROLLER****01/15/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SALYER, MICHELLE R
Address 500 E 9TH ST
City-State-Zip: KANSAS CITY MO 64106

Title VP, DIRECTOR
Name THOMPSON, JILL E
Address 500 E. 9TH ST.
City-State-Zip: KANSAS CITY MO 64106