

**2020 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 DIRECTOR  
Name EMERSON, JAMES T  
Address 500 E. 9TH STREET  
City-State-Zip: KANSAS CITY MO 64106

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

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

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

Title CHAIRMAN, CEO  
Name PEREZ, RAY  
Address 500 E 9TH ST  
City-State-Zip: KANSAS CITY MO 64106

Title DIRECTOR  
Name MILLS, STEVEN W  
Address 500 E 9TH ST  
City-State-Zip: KANSAS CITY MO 64106

Title DIRECTOR  
Name PRIBYL, BRIAN M  
Address 500 E 9TH ST  
City-State-Zip: KANSAS CITY MO 64106

Title DIRECTOR  
Name JOHNSON, PATRICK D  
Address 500 E 9TH ST  
City-State-Zip: KANSAS CITY MO 64106

**Continues on page 2**

*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:** CHAD E CARTERVICE  
PRESIDENT/TREASURER

02/20/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TOPE, CHAD T  
Address 500 E 9TH ST  
City-State-Zip: KANSAS CITY MO 64106

Title VP, TREASURER  
Name CARTER, CHAD E  
Address 500 E 9TH ST  
City-State-Zip: KANSAS CITY MO 64106

Title VP  
Name TROLLINGER, CHARLES A  
Address 500 E 9TH ST  
City-State-Zip: KANSAS CITY MO 64106

Title VP  
Name KIRCHER, PHILLIP M  
Address 500 E 9TH ST  
City-State-Zip: KANSAS CITY FL

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