

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JUN 28 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 801823
1. Corporation Name

WASHINGTON NATIONAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
300 TOWER PARKWAY LINCOLNSHIRE ILLINOIS 60069-3665	300 TOWER PARKWAY LINCOLNSHIRE ILLINOIS 60069-3665

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/24/1923	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	36-1933760	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	7. This corporation has liability for intangible tax under §. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COMMISSIONER OF INSURANCE & TREASURER
CAPITAL BUILDING
TALLAHASSEE FL 32304**

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, JOAN K	1.2 NAME	
STREET ADDRESS	300 TOWER PARKWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	LINCOLNSHIRE, IL 60069	1.4 CITY - ST - ZIP	500001527475
TITLE	VP HEALY, GARY M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 TOWER PARKWAY	2.2 NAME	
STREET ADDRESS	LINCOLNSHIRE, IL 60069	2.3 STREET ADDRESS	06/29/95-01081-016
CITY - ST - ZIP		2.4 CITY - ST - ZIP	***225.00 ***225.00
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUHRMANN, CURT L	3.2 NAME	
STREET ADDRESS	300 TOWER PARKWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	LINCOLNSHIRE, IL 60069	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONTARELLI, THOMAS	4.2 NAME	
STREET ADDRESS	300 TOWER PARKWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	LINCOLNSHIRE, IL 60069	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	6/28/95 MSH
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with or without.

SIGNATURE: Gary M. Healy **GARY M. HEALY** **6/16/95** **708-793-3376**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #