

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 801823 (6)

1. Corporation Name

WASHINGTON NATIONAL INSURANCE COMPANY

Principal Place of Business
300 TOWER PARKWAY
LINCOLNSHIRE IL 60069-3665

Mailing Address
300 TOWER PARKWAY
LINCOLNSHIRE IL 60069-3640



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/24/1923		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 36-1933760		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

COMMISSIONER OF INSURANCE AND TREASURE
R
CAPITAL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP
NAME	COHEN, JOAN K.	1.2 NAME	CRAIG R. EDWARDS
STREET ADDRESS	300 TOWER PARKWAY	1.3 STREET ADDRESS	300 TOWER PARKWAY
CITY - ST - ZIP	LINCOLNSHIRE IL	1.4 CITY - ST - ZIP	LINCOLNSHIRE, IL 60069-3665
TITLE	VP	2.1 TITLE	VP
NAME	HEALY, GARY M.	2.2 NAME	THOMAS C. SCOTT
STREET ADDRESS	300 TOWER PARKWAY	2.3 STREET ADDRESS	300 TOWER PARKWAY
CITY - ST - ZIP	LINCOLNSHIRE IL 60069-3665	2.4 CITY - ST - ZIP	LINCOLNSHIRE, IL 60069-3665
TITLE	VP	3.1 TITLE	
NAME	FUHRMANN, CURT L.	3.2 NAME	
STREET ADDRESS	300 TOWER PARKWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	LINCOLNSHIRE IL	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	
NAME	PONTARELLI, THOMAS	4.2 NAME	
STREET ADDRESS	300 TOWER PARKWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	LINCOLNSHIRE IL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE: GARY M. HEALY Gary Healy 4/10/97 (847) 793-3376

CR2E034 (9/96)