


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90050 030 ***150.00

DOCUMENT # 801823			
1. Entity Name WASHINGTON NATIONAL INSURANCE COMPANY			
Principal Place of Business 11815 N. PENNSYLVANIA STREET CARMEL, IN 46032		Mailing Address 11815 N. PENNSYLVANIA STREET DEPT. A2A CARMEL, IN 46032 US	
2. Principal Place of Business		3. Mailing Address 11815 N. PENNSYLVANIA ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CARMEL, IN	
Zip		Zip 46032	
Country		Country USA	
4. FEI Number 36-1933760		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL	
Zip Code		Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPER WILLIAMS 11815 N. PENNSYLVANIA STREET CARMEL, IN 46032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO WILLIAM S. KIRSCH 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD SQUAROK JOHN M 222 MERCHANDISE MART PLAZA CHICAGO, IL 60654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO EUGENE M. BULLIS 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KINDIG KARL W 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KARL W. KINDIG 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURPHY DANIEL J 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANIEL J. MURPHY 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUHL RONALD F 11815 N PENNSYLVANIA ST CARMEL, IN 46032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONALD F. RUHL 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLIS EUGENE M 11815 N PENNSYLVANIA ST CARMEL, IN 46032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUGENE M. BULLIS 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Karl W Kindig</u>		KARL W. KINDIG, SECRETARY 1-20-2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

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