

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 801823

**FILED**  
**Jan 11, 2006**  
**Secretary of State**

**Entity Name:** WASHINGTON NATIONAL INSURANCE COMPANY

**Current Principal Place of Business:**

11815 N PENNSYLVANIA ST  
CARMEL, IN 46032 US

**New Principal Place of Business:**

**Current Mailing Address:**

11815 N. PENNSYLVANIA ST.  
CARMEL, IN 46032 US

**New Mailing Address:**

**FEI Number:** 36-1933760      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: KIRSCH, WILLIAM S  
Address: 11815 N. PENNSYLVANIA ST.  
City-St-Zip: CARMEL, IN 46032

Title: CFO ( ) Delete  
Name: BULLIS, EUGENE M  
Address: 11815 N. PENNSYLVANIA ST.  
City-St-Zip: CARMEL, IN 46032

Title: S ( ) Delete  
Name: KINDIG, KARL W  
Address: 11815 N PENNSYLVANIA ST  
City-St-Zip: CARMEL, IN 46032

Title: T ( ) Delete  
Name: MURPHY, DANIEL J  
Address: 11825 N PENNSYLVANIA ST  
City-St-Zip: CARMEL, IN 46032

Title: D ( ) Delete  
Name: RUHL, RONALD F  
Address: 11825 N PENNSYLVANIA ST  
City-St-Zip: CARMEL, IN 46032

Title: D ( ) Delete  
Name: BULLIS, EUGENE M  
Address: 11815 N PENNSYLVANIA ST  
City-St-Zip: CARMEL, IN 46032

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PERRY, SCOTT R  
Address: 222 MERCHANDISE MART PLAZA  
City-St-Zip: CHICAGO, IL 60654

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KARL W. KINDIG

S

01/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date