


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90137 007 \*\*\*150.00

DOCUMENT # 801823  
1. Entity Name  
WASHINGTON NATIONAL INSURANCE CO.



**DO NOT WRITE IN THIS SPACE**

60008844

2. Principal Place of Business  
11815 N. PENNSYLVANIA ST.  
Suite, Apt. #, etc.

3. Mailing Address  
11815 N. PENNSYLVANIA ST.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CARMEL, IN36-1933760

City & State  
CARMEL, IN

4. FEI Number 36-1933760 Applied For  
Not Applicable

Zip 46032 Country

Zip 46032 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name COMMISSIONER OF INSURANCE AND TREASURE

Street Address (P.O. Box Number is Not Acceptable)

CAPITAL BUILDING

City TALLAHASSEE FL Zip Code 32304

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 \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ELIZABETH GEORGAKOPOULOS 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP WILLIAM T. DEVANNEY, JR. 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPS DAVID K. HERZOG 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPT DANIEL J. MURPHY 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVAS KARL W. KINDIG 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVID K. HERZOG 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Will T. Devanney WILLILAM T. DEVANNEY, JR. 1-15-03 317-817-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)