

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 801823

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC0014214893**

**Entity Name:** WASHINGTON NATIONAL INSURANCE COMPANY

**Current Principal Place of Business:**

11825 N PENNSYLVANIA STREET  
CARMEL, IN 46032

**Current Mailing Address:**

11825 N. PENNSYLVANIA STREET  
CARMEL, IN 46032 US

**FEI Number: 36-1933760**

**Certificate of Status Desired: No**

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

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title PD  
Name STEWART, BARBARA S  
Address 11825 N. PENNSYLVANIA STREET  
City-State-Zip: CARMEL IN 46032

Title S  
Name KINDIG, KARL W  
Address 11825 N PENNSYLVANIA STREET  
City-State-Zip: CARMEL IN 46032

Title T  
Name HELDING, ERIK M  
Address 11825 N PENNSYLVANIA STREET  
City-State-Zip: CARMEL IN 46032

Title D  
Name HELDING, ERIK M  
Address 11825 N. PENNSYLVANIA STREET  
City-State-Zip: CARMEL IN 46032

*I hereby 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 all other like empowered.*

**SIGNATURE: KARL W KINDIG**

**SECRETARY**

**04/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date