

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001524

Entity Name: HEARTLAND NATIONAL LIFE INSURANCE COMPANY**Current Principal Place of Business:**1600 NE CORONADO DR
BLUE SPRINGS, MO 64014**Current Mailing Address:**1600 NE CORONADO DR
BLUE SPRINGS, MO 64014**FEI Number:** 64-0431935**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS LEGAL SERVICES, LLC
155 OFFICE PLAZA DR, SUITE A
TALLAHASSEE, FL 32301 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 CP
Name MCDANIEL, CHRISTOPHER M
Address 1600 NE CORONADO DR
City-State-Zip: BLUE SPRINGS MO 64014

Title VPD
Name ELLSWORTH, BILLY L
Address 1600 NE CORONADO DR
City-State-Zip: BLUE SPRINGS MO 64014

Title DIRECTOR
Name ANDERSON, ROBERT E
Address 1600 NE CORONADO DR
City-State-Zip: BLUE SPRINGS MO 64014

Title DIRECTOR
Name MITCHELL, JUSTIN
Address 1600 NE CORONADO DR
City-State-Zip: BLUE SPRINGS MO 64014

Title D
Name NEARY, BRYAN R
Address 1600 NE CORONADO DR
City-State-Zip: BLUE SPRINGS MO 64014

Title ST, DIRECTOR
Name KURTH, PATRICIA A
Address 1600 NE CORONADO DR
City-State-Zip: BLUE SPRINGS MO 64014

Title DIRECTOR
Name SOCHOR, AL
Address 1600 NE CORONADO DR
City-State-Zip: BLUE SPRINGS MO 64014

Title DIRECTOR
Name DANIEL, LEO SR.
Address 1600 NE CORONADO DR
City-State-Zip: BLUE SPRINGS MO 64014

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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: PATRICIA A. KURTH**SECRETARY AND
TREASURER****04/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HILL, BILLY
Address	1600 NE CORONADO DR
City-State-Zip:	BLUE SPRINGS MO 64014