

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001524

Entity Name: HEARTLAND NATIONAL LIFE INSURANCE COMPANY**Current Principal Place of Business:**4200 LITTLE BLUE PARKWAY
SUITE 400
INDEPENDENCE, MO 64057**Current Mailing Address:**4200 LITTLE BLUE PARKWAY
SUITE 400
INDEPENDENCE, MO 64057 US**FEI Number:** 64-0431935**Certificate of Status Desired:** Yes**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 DIRECTOR
Name JACOBS, GREGORY D
Address 4200 LITTLE BLUE PARKWAY
SUITE 400
City-State-Zip: INDEPENDENCE MO 64057

Title DIRECTOR
Name WOELKE, VERNON R
Address 4200 LITTLE BLUE PARKWAY
SUITE 400
City-State-Zip: INDEPENDENCE MO 64057

Title DIRECTOR
Name GARNER, BERNARD A
Address 4200 LITTLE BLUE PARKWAY
SUITE 400
City-State-Zip: INDEPENDENCE MO 64057

Title DIRECTOR
Name TAYLOR, DENNIS
Address 4200 LITTLE BLUE PARKWAY
SUITE 400
City-State-Zip: INDEPENDENCE MO 64057

Title PRESIDENT
Name MCDANIEL, CHRISTOPHER MICHAEL
Address 4200 LITTLE BLUE PARKWAY
SUITE 400
City-State-Zip: INDEPENDENCE MO 64057

Title DIRECTOR
Name WALTER, GARY ALAN
Address 4200 LITTLE BLUE PARKWAY
SUITE 400
City-State-Zip: INDEPENDENCE MO 64057

Title SECRETARY, TREASURER
Name MICKELSON, AARON D
Address 4200 LITTLE BLUE PARKWAY
SUITE 400
City-State-Zip: INDEPENDENCE MO 64057

Title DIRECTOR
Name RICE, DONNA
Address 4200 LITTLE BLUE PARKWAY
SUITE 400
City-State-Zip: INDEPENDENCE MO 64057

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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: AARON D MICKELSON**SECRETARY AND
TREASURER****01/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCDANIEL, BRIAN
Address 4200 LITTLE BLUE PARKWAY
 SUITE 400
City-State-Zip: INDEPENDENCE MO 64057

Title OFFICER
Name MICHELETTI, NICK
Address 4200 LITTLE BLUE PARKWAY
 SUITE 400
City-State-Zip: INDEPENDENCE MO 64057

Title DIRECTOR
Name MCDANIEL, CARL
Address 4200 LITTLE BLUE PARKWAY
 SUITE 400
City-State-Zip: INDEPENDENCE MO 64057