

**2020 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 DIRECTOR  
Name JACOBS, GREGORY D  
Address 1600 NE CORONADO DR  
City-State-Zip: BLUE SPRINGS MO 64014

Title DIRECTOR  
Name WOELKE, VERNON R  
Address 1600 NE CORONADO DR  
City-State-Zip: BLUE SPRINGS MO 64014

Title DIRECTOR  
Name GARNER, BERNARD A  
Address 1600 NE CORONADO DR  
City-State-Zip: BLUE SPRINGS MO 64014

Title CHIEF MARKETING OFFICER,  
DIRECTOR  
Name HILL, TODD CHADRICK  
Address 1600 NE CORONADO DR  
City-State-Zip: BLUE SPRINGS MO 64014

Title PRESIDENT  
Name MCDANIEL, CHRISTOPHER MICHAEL  
Address 1600 NE CORONADO DR  
City-State-Zip: BLUE SPRINGS MO 64014

Title DIRECTOR  
Name WALTER, GARY ALAN  
Address 1600 NE CORONADO DR  
City-State-Zip: BLUE SPRINGS MO 64014

Title SECRETARY, TREASURER  
Name CARTER, DENNIS E  
Address 1600 NE CORONADO DR.  
City-State-Zip: BLUE SPRINGS MO 64014

*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: DENNIS E. CARTER****SECRETARY****01/13/2020**

Electronic Signature of Signing Officer/Director Detail

Date