

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843244

Entity Name: INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT**Current Principal Place of Business:**5500 N. WESTERN AVENUE
SUITE 200
OKLAHOMA CITY, OK 73118**Current Mailing Address:**5500 N. WESTERN AVENUE
SUITE 200
OKLAHOMA CITY, OK 73118 US**FEI Number: 43-1014771****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 LIPPS, NICHOLE L.
Address 5500 N. WESTERN AVENUE
SUITE 200
City-State-Zip: OKLAHOMA CITY OK 73118

Title DIRECTOR
Name PETERSON, GARY R.
Address 5500 N. WESTERN AVENUE
SUITE 200
City-State-Zip: OKLAHOMA CITY OK 73118

Title DIRECTOR
Name SCHAEFER, GREGORY A.
Address 5500 N. WESTERN AVENUE
SUITE 200
City-State-Zip: OKLAHOMA CITY OK 73118

Title DIRECTOR
Name TACKETT, TIM
Address 5500 N. WESTERN AVENUE
SUITE 200
City-State-Zip: OKLAHOMA CITY OK 73118

Title PRESIDENT
Name BROOKS, DAVID W.
Address 5500 N. WESTERN AVENUE
SUITE 200
City-State-Zip: OKLAHOMA CITY OK 73118

Title SECRETARY
Name SPARKS, M. RANDOLPH
Address 5500 N. WESTERN AVENUE
SUITE 200
City-State-Zip: OKLAHOMA CITY OK 73118

Title VP
Name DUMBAULD, SCOTT E.
Address 5500 N. WESTERN AVENUE
SUITE 200
City-State-Zip: OKLAHOMA CITY OK 73118

Title TREASURER
Name GIBSON, BRENT A.
Address 5500 N. WESTERN AVENUE
SUITE 200
City-State-Zip: OKLAHOMA CITY OK 73118

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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: BRENT A. GIBSON**TREASURER****04/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name DAVIS, DARRELL W.
Address 5500 N. WESTERN AVENUE
SUITE 200
City-State-Zip: OKLAHOMA CITY OK 73118

Title DIRECTOR
Name HAGUE, STEVEN R.
Address 5500 N. WESTERN AVENUE
SUITE 200
City-State-Zip: OKLAHOMA CITY OK 73118

Title DIRECTOR
Name BROOKS, DAVID W.
Address 5500 N. WESTERN AVENUE
SUITE 200
City-State-Zip: OKLAHOMA CITY OK 73118