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.

VP

SIGNATURE: AMY B POMEROY

Electronic Signature of Signing Officer/Director Detail

0

Address

City-State-Zip:

SIGNATURE	E:		
	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title	CHAIRMAN	Title	VP
Name	BOLING, JR., FRED J	Name	CONNER, AMANDA S
Address	24 TOPHET ROAD	Address	6105 SPIRIT LAKE ROAD
City-State-Zip:	LYNNFIELD MA 01940	City-State-Zip:	WINTER HAVEN FL 33880
Title	VP		
Name	POMEROY AMY		

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.

FEI Number: 98-0150892

Current Mailing Address: 6105 SPIRIT LAKE ROAD WINTER HAVEN. FL 33880 US

6105 SPIRIT LAKE ROAD WINTER HAVEN, FL 33880

DOCUMENT# F21000001245

Current Principal Place of Business:

Name and Address of Current Registered Agent:

6105 SPIRIT LAKE ROAD

WINTER HAVEN FL 33880

POMEROY, AMY 6105 SPIRIT LAKE ROAD WINTER HAVEN, FL 33880 US

Entity Name: INVESTORS LIFE INSURANCE CORPORATION

FILED Feb 28, 2022 Secretary of State 8279252813CC

Certificate of Status Desired: No

02/28/2022

Date

Date