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

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.

0

SIGNATURE:

Address

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

Name and Address of Current Registered Agent:

6105 SPIRIT LAKE ROAD

City-State-Zip: WINTER HAVEN FL 33880

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

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000001245

Entity Name: INVESTORS LIFE INSURANCE CORPORATION

Current Principal Place of Business:

6105 SPIRIT LAKE ROAD WINTER HAVEN, FL 33880

Current Mailing Address:

6105 SPIRIT LAKE ROAD WINTER HAVEN. FL 33880 US

FEI Number: 98-0150892

FILED Feb 16, 2023 Secretary of State 6957203650CC

Certificate of Status Desired: No

Date

Date

02/16/2023