2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90329 028 ***150.00

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1. Entity Name
INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA

24046923

Principal Place of Business	Mailing Address
2101 4TH AVE SUITE 700 SEATTLE, WA 98121 US	6500 RIVER PLACE BLVD BLDG 1 AUSTIN, TX 78730

04072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6500 River Place Blvd.	
Suite, Apt. #, etc. Building 1	Suite, Apt. #, etc.
City & State Austin, Texas	City & State
Zip 78730 Country US	Zip Country

4. FEI Number
23-1632193
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDP PAYNE, EUGENE E 6500 RIVER PLACE BLVD, BLDG 1 AUSTIN, TX 78730	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDP Boisture, J. Bruce 6500 River Place Blvd. Bldg.1 Austin, TX 78730	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS FLERON, THEODORE A 6500 RIVER PLACE BLVD, BLDG 1 AUSTIN, TX 78730	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO WISE III, GEORGE M 6500 RIVER PLACE BLVD, BLDG 1 AUSTIN, TX 78730	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Wise III, George M. 6500 River Place Blvd., Bldg.1 Austin, TX 78730	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WELLIVER, JOHN M 6500 RIVER PLACE BLVD, BLDG 1 AUSTIN, TX 78730	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Rickey, Sharon D. 6500 River Place Blvd., Bldg.1 Austin, TX 78730	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT RICHMOND, THOMAS C 6500 RIVER PLACE BLVD, BLDG 1 AUSTIN, TX 78730	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Mitchell, Roberta A. 6500 River Place Blvd., Bldg.1 Austin, TX 78730	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Theodore A. Fleron 4-7-04 (512) 404-5040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #