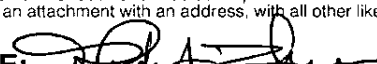


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90329 028 ***150.00

DOCUMENT # 823414			
1. Entity Name INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA		Principal Place of Business 2101 4TH AVE SUITE 700 SEATTLE, WA 98121 US	
Mailing Address 6500 RIVER PLACE BLVD BLDG 1 AUSTIN, TX 78730			
2. Principal Place of Business 6500 River Place Blvd.		3. Mailing Address	
Suite, Apt. #, etc. Building 1		Suite, Apt. #, etc.	
City & State Austin, Texas		City & State	
Zip 78730	Country US	Zip	Country
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	

24046923



04072004 Chg-P CR2E034 (10/03)

4. FEI Number
23-1632193

Applied For
Not Applicable

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