

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 823414

FILED
Jan 12, 2011
Secretary of State

Entity Name: INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA

Current Principal Place of Business:

300 W. 11TH STREET
KANSAS CITY, MO 64105 US

New Principal Place of Business:

Current Mailing Address:

300 W. 11TH STREET
KANSAS CITY, MO 64105 US

New Mailing Address:

FEI Number: 23-1632193 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPS
Name: FORTINI, JACK L
Address: 300 W. 11TH ST.
City-St-Zip: KANSAS CITY, MO 64105

Title: DCOB
Name: MULLER, GARY L
Address: 300 W. 11TH ST
City-St-Zip: KANSAS CITY, MO 64105

Title: DVP
Name: GRAHAM, ROBERT J
Address: 300 W. 11TH ST
City-St-Zip: KANSAS CITY, MO 64105

Title: DT
Name: FALLON, MARK K
Address: 300 W. 11TH ST
City-St-Zip: KANSAS CITY, MO 64105

Title: DP
Name: MARDEN, WILLIAM T
Address: 300 W. 11TH ST
City-St-Zip: KANSAS CITY, MO 64105

Title: D
Name: MERRIMAN, MICHAEL A
Address: 300 W. 11TH STREET
City-St-Zip: KANSAS CITY, MO 64105

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: JACK L. FORTINI

VPS

01/12/2011

Electronic Signature of Signing Officer or Director

Date