2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

823414 **DOCUMENT #** 1. Entity Name INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA

FILED Sep 02, 2003 8:00 am Secretary of State

09-02-2003 90195 030 ***550.00

Principal Place of Business 2101 4TH AVE SUITE 700 SEATTLE WA 98121 US			Mailing Address 6500 RIVER PLACE BLVD BLOG 1 AUSTIN TX 78730										
2. Principal Place of Business 3				3. Mailing Address					(10869) 18169 1 1888 (11() 8189		SI MIRII AIAII AIAII	818) (8 28) (89)	
Suite, Apt. #, etc. Suite, Apt. #, etc.								☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				4 . F	FEI Number 23-163219	3	ļ -	pplied For ot Applicable	
Zip Country :			Zip	Zip Cour				5. (Certificate of Status Desired		\$8.75 Ad	ditional	
6. Name and Address of Current Registe			egistere	stered Agent			7. Name and Address of New Registered			 	i Agent		
			<u>.</u>		•	-Name	2	بسيدي	<u>.</u> •	* *	,		
CHIEF FINANCIAL OFFICER				St			eet Address (P.O. Box Number is Not Acceptable)						
	6200 (323)	14-6200)									· · · ·		
200 E. G/		2200_000				City					- T = -		
TALLAHASSEE FL 32399-0000										F	L Zip Cod	de	
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 an	d title if app	licable. (NOTE:	Registered	Agent signate	ure required w	hen re	sinstating)	DATE			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State									9. Election Campaign f Trust Fund Contribut	•		00 May Be d to Fees	
10.		OFFICERS AND D	IRECTO	RS	11.			AD	L DITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR	RS IN 11	
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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 life empowered.

SIGNATURE:

8-26-03

Date

(512)404-5040

Daytime Phone #

Attachment

<u>80143121</u> #823414

All Officers Physical Address 6500 River Place Blvd., Building I Austin, Texas 78730

Investors Life Insurance Company of North America

Additional Officers and Directors of the Company as of April 23, 2003

<u>Name</u>	<u>Title</u>
David C. Hopkins	Senior Vice President, Controller and Assistant Secretary; Director ————————————————————————————————————
Roberta A. Mitchell	Senior Vice President, Director
Nigel S. Walker	Senior Vice President, Controller and Assistant Secretary
Sheryl Kinlaw	Senior Vice President and Assistant Secretary
John W. Peasley	Senior Vice President
Robert D. Rue	Senior Vice President
Cindy Hall-Davis	Senior Vice President
Robert S. Cox	Senior Vice President
Sharon D. Rickey	Senior Vice President
Laurie C. Black	Senior Vice President
Peter A. Tritz	Senior Vice President
Ken Schneider	Senior Vice President
Larry W. Horne	Senior Vice President