


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90173 002 ***150.00

DOCUMENT # 823428			
1. Entity Name LIFE INVESTORS INSURANCE COMPANY OF AMERICA			
Principal Place of Business 4333 EDGEWOOD RD. NE CEDAR RAPIDS, IA 52402-6601		Mailing Address 4333 EDGEWOOD RD. NE CEDAR RAPIDS, IA 52402-6601	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40043133



02232005 Chg-P CR2E034 (10/03)

4. FEI Number
42-0191090

Applied For	Not Applicable
-------------	----------------

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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, 2005 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	DVTC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLANCY, BRENDA K	NAME	
STREET ADDRESS	4333 EDGEWOOD ROAD NE	STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS, IA	CITY-ST-ZIP	
TITLE	COBD <input checked="" type="checkbox"/> Delete	TITLE	D / C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGERLY, RON F	NAME	WAGLEY, RON F.
STREET ADDRESS	1150 S. OLIVE	STREET ADDRESS	1150 S. OLIVE
CITY-ST-ZIP	LOS ANGELES, CA 90015	CITY-ST-ZIP	LOS ANGELES, CA 90015
TITLE	DEVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, LARRY N	NAME	
STREET ADDRESS	4333 EDGEWOOD RD NE	STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, ARTHUR C	NAME	
STREET ADDRESS	4333 EDGEWOOD RD NE	STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNEELAND, TIMOTHY F	NAME	
STREET ADDRESS	4333 EDGEWOOD RD NE	STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499	CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> Delete	TITLE	D / S / V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERINERS, DIANE	NAME	VERMIE, CRAIG D.
STREET ADDRESS	4333 EDGEWOOD RD. NE	STREET ADDRESS	4333 EDGEWOOD RD NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499	CITY-ST-ZIP	CEDAR RAPIDS, IA 52499

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.

Craig D. Vermie

Secretary

2/24/05

319-398-8511

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #