

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90156 044 ***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

50009281



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

42-0191090

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVTC
CLANCY, BRENDA K
4333 EDGEWOOD ROAD NE
CEDAR RAPIDS, IA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/C
WAGLEY, RON F
1150 S. OLIVE
LOS ANGELES, CA 90015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEVP
NORMAN, LARRY N
4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
SCHNEIDER, ARTHUR C
4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KNEELAND, TIMOTHY F
4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSV
VERMIE, CRAIG D
4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D / EVP/COO
CLANCY, BRENDA K.
4333 EDGEWOOD ROAD NE
CEDAR RAPIDS, IA 52499 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D / SVP
SCHNEIDER, ARTHUR C.
4333 EDGEWOOD ROAD NE
CEDAR RAPIDS, IA 52499 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D / S / SVP
VERMIE, CRAIG D.
4333 EDGEWOOD ROAD NE
CEDAR RAPIDS, IA 52499 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/24/06

319-398-8511

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #