

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90006 024 ***550.00

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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**



05232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DEVP
NAME	CLANCY, BRENDA K
STREET ADDRESS	4333 EDGEWOOD ROAD NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499

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

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

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

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

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

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig D. Vermie
Craig D. Vermie, Secretary 5/23/07 319-355-7906

Date

Daytime Phone #