

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90984 010 ***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**

11044440



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **42-0191090**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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** ☐ Delete
NAME **CLANCY, BRENDA K**
STREET ADDRESS **4333 EDGEWOOD ROAD NE**
CITY-ST-ZIP **CEDAR RAPIDS IA**

TITLE **Director, VP** ☐ Change ☒ Addition
NAME **Diane Meiners**
STREET ADDRESS **4333 Edgewood Road NE**
CITY-ST-ZIP **Cedar Rapids, IA 52499**

TITLE **DSVP** ☒ Delete
NAME **BUSLER, WILLIAM L**
STREET ADDRESS **4333 EDGEWOOD RD NE**
CITY-ST-ZIP **CEDAR RAPIDS IA 52499**

TITLE **Director, Chairman of the B** ☒ Change ☐ Addition
NAME **Rex B. Eno**
STREET ADDRESS **4333 Edgewood Road NE**
CITY-ST-ZIP **Cedar Rapids, IA 52499**

TITLE **DVS** ☐ Delete
NAME **VERMIE, CRAIG D.**
STREET ADDRESS **4333 EDGEWOOD RD NE**
CITY-ST-ZIP **CEDAR RAPIDS, IOWA 00000**

TITLE **Director, Exec VP** ☒ Change ☐ Addition
NAME **Larry N. Norman**
STREET ADDRESS **4333 Edgewood Road NE**
CITY-ST-ZIP **Cedar Rapids, IA 52499**

TITLE **DVP** ☒ Delete
NAME **KOLSRUD, DOUGLAS C.**
STREET ADDRESS **4333 EDGEWOOD RD NE**
CITY-ST-ZIP **CEDAR RAPIDS, IOWA 00000 52499**

TITLE **Director, Vice President** ☒ Change ☐ Addition
NAME **Arthur C. Schneider**
STREET ADDRESS **4333 Edgewood Road NE**
CITY-ST-ZIP **Cedar Rapids, IA 52499**

TITLE **P** ☒ Delete
NAME **KIRBY, MIKE**
STREET ADDRESS **4333 EDGEWOOD RD. NE**
CITY-ST-ZIP **CEDAR RAPIDS IA 52499**

TITLE **Director, President** ☒ Change ☐ Addition
NAME **Mike Kirby**
STREET ADDRESS **4333 Edgewood Road NE**
CITY-ST-ZIP **Cedar Rapids, IA 52499**

TITLE **VPD** ☒ Delete
NAME **BAIRD, PATRICK S.**
STREET ADDRESS **4333 EDGEWOOD RD. NE**
CITY-ST-ZIP **CEDAR RAPIDS IA**

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

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

SIGNATURE:

SIGNATURE REQUIRED

Director, Secretary, VP 4/25/03 319-398-8511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)