

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849616

FILED
Apr 09, 2009
Secretary of State

Entity Name: IA AMERICAN LIFE INSURANCE COMPANY

Current Principal Place of Business:

260 INTERSTATE NORTH CIRCLE, SE
ATLANTA, GA 30339 US

Current Mailing Address:

260 INTERSTATE NORTH CIRCLE, SE
ATLANTA, GA 30339 US

New Principal Place of Business:

17550 NORTH PERIMETER DRIVE
SUITE 210
SCOTTSDALE, AZ 85255 US

New Mailing Address:

17550 NORTH PERIMETER DRIVE
SUITE 210
SCOTTSDALE, AZ 85255 US

FEI Number: 13-3036472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REZNYK, CHRISTOPHER
Address: 11222 QUAIL ROOST DR
City-St-Zip: MIAMI, FL 33157

Title: S (X) Delete
Name: MCGUIRE, MATTHEW
Address: 440 MT. RUSHMORE RD
City-St-Zip: RAPID CITY, SD 57701

Title: PDC (X) Delete
Name: NIX, KENNETH
Address: 260 INTERSTATE NORTH CIRCLE, SE
City-St-Zip: ATLANTA, GA 30339

Title: SVP (X) Delete
Name: YAKRE, MILES
Address: ONE CHASE MANHATTAN PLAZA
City-St-Zip: NEW YORK, NY 10005

Title: S (X) Delete
Name: ARAGON-CRUZ, JEANNIE
Address: 11222 QUAIL ROOST DR
City-St-Zip: MIAMI, FL 33157

Title: VP (X) Delete
Name: KING, DAVID P.
Address: 3622 CHERBOURG WAY
City-St-Zip: MARIETTA, GA 30062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STICKNEY, MICHAEL L MR.
Address: 17550 NORTH PERIMETER DRIVE, #210
City-St-Zip: SCOTTSDALE, AZ 85255

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L. STICKNEY

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date