

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849616

FILED
May 02, 2012
Secretary of State

Entity Name: IA AMERICAN LIFE INSURANCE COMPANY

Current Principal Place of Business:

17550 NORTH PERIMETER DRIVE
SUITE 210
SCOTTSDALE, AZ 85255 US

New Principal Place of Business:

Current Mailing Address:

17550 NORTH PERIMETER DRIVE
SUITE 210
SCOTTSDALE, AZ 85255 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

Title: AS
Name: MORRIS, GREGORY D MR.
Address: 17550 NORTH PERIMETER DRIVE, #210
City-St-Zip: SCOTTSDALE, AZ 85255

Title: T,VP
Name: DAVIES, KAREN R MRS.
Address: 17550 NORTH PERIMETER DRIVE, #210
City-St-Zip: SCOTTSDALE, AZ 85255

Title: VP
Name: MARY, DINKEL J MRS.
Address: 17550 NORTH PERIMETER DRIVE, #210
City-St-Zip: SCOTTSDALE, AZ 85255

I hereby 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 all other like empowered.

SIGNATURE: GREGORY D. MORRIS, ASSISTANT SECRETARY

AS

05/02/2012

Electronic Signature of Signing Officer or Director

Date