2014 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 10, 2014
Secretary of State

DOCUMENT# 849616

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:

425 AUSTIN AVENUE
WACO, TX 76701 US

Current Mailing Address:

17550 NORTH PERIMETER DRIVE
SUITE 210
SCOTTSDALE, AZ 85255 US

New Mailing Address:

PO BOX 2549
WACO, TX 76702 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: DARLA A. SCHAFFER
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: CFO
Name: SCHAFFER, DARLA A MS.
Address: 425 AUSTIN AVENUE
City-St-Zip: WACO, TX 76701 US

Title: EVP
Name: DUNLAP, JOE W MR.
Address: 425 AUSTIN AVENUE
City-St-Zip: WACO, TX 76701 US

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: DARLA A. SCHAFFER CFO 12/10/2014
Electronic Signature of Signing Officer or Director Date