

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 823414

**Entity Name:** INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA**Current Principal Place of Business:**300 W. 11TH STREET  
KANSAS CITY, MO 64105**Current Mailing Address:**300 W. 11TH STREET  
KANSAS CITY, MO 64105 US**FEI Number:** 23-1632193**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US*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**Officer/Director Detail :**Title VP, S  
Name FORTINI, JACK L  
Address 300 W. 11TH STREET  
City-State-Zip: KANSAS CITY MO 64105Title D, P  
Name POLKINGHORN, PHILIP K  
Address 300 W. 11TH STREET  
City-State-Zip: KANSAS CITY MO 64105Title D, VP  
Name HAMILTON, GREGORY A  
Address 300 W. 11TH STREET  
City-State-Zip: KANSAS CITY MO 64105Title D, COB, CEO  
Name MULLER, GARY L  
Address 300 W. 11TH STREET  
City-State-Zip: KANSAS CITY MO 64105Title D, SVP, T, CFO, CIO  
Name FALLON, MARK K  
Address 300 W. 11TH STREET  
City-State-Zip: KANSAS CITY MO 64105Title D, SVP  
Name FOSTER, RODNEY K  
Address 300 W. 11TH STREET  
City-State-Zip: KANSAS CITY MO 64105

*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:** JACK L FORTINI

VP, SECRETARY

01/13/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date