

2024 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:** No**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 DIRECTOR, CEO
Name POLKINGHORN, PHILIP K
Address 300 W. 11TH STREET
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR, SR. VP, CIO
Name HAMILTON, GREGORY A
Address 300 W. 11TH STREET
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR
Name ANDERSON, JAMES L
Address 300 W. 11TH STREET
City-State-Zip: KANSAS CITY MO 64105

Title VP
Name SCHWARTZ, STEVE
Address 300 W. 11TH STREET
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR
Name FALLON, MARK K
Address 300 W. 11TH STREET
City-State-Zip: KANSAS CITY MO 64105

Title SECRETARY
Name TARPLEY, GEORGE H
Address 300 W. 11TH STREET
City-State-Zip: KANSAS CITY MO 64105

Title VP, CAO
Name OSTER, DONALD
Address 300 W. 11TH STREET
City-State-Zip: KANSAS CITY MO 64105

Title SR. VP, CMO
Name THORNTON, JEREMY
Address 300 W. 11TH STREET
City-State-Zip: KANSAS CITY MO 64105

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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: KRAIG MAY**GENERAL COUNSEL****01/09/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASST. TREASURER
Name MILLER, DONNA
Address 300 W. 11TH STREET
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR, SR. VP, TREASURER, CFO
Name WALSH, DENNIS
Address 300 W. 11TH STREET
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR, PRESIDENT
Name STONEHOCKER, TIM
Address 300 W. 11TH STREET
City-State-Zip: KANSAS CITY MO 64105

Title SR. VP, GENERAL COUNSEL
Name MAY, KRAIG
Address 300 W. 11TH STREET
City-State-Zip: KANSAS CITY MO 64105

Title VP
Name MARTIN, JONATHAN
Address 300 W. 11TH STREET
City-State-Zip: KANSAS CITY MO 64105

Title VP
Name KING, FRANCES
Address 300 W. 11TH STREET
City-State-Zip: KANSAS CITY MO 64105

Title VP
Name AMBURN, BRYAN
Address 300 W. 11TH STREET
City-State-Zip: KANSAS CITY MO 64105

Title VP
Name BURGHARD, DAVID
Address 300 W. 11TH STREET
City-State-Zip: KANSAS CITY MO 64105

Title VP
Name KNOBLAUCH, PAUL
Address 300 W. 11TH STREET
City-State-Zip: KANSAS CITY MO 64105