

2018 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 D, COB, CEO
Name MULLER, GARY 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, SVP, T, CFO, CIO
Name FALLON, MARK 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 SECRETARY
Name CAVANAUGH, REBECCA L
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: REBECCA L. CAVANAUGH**SECRETARY****03/06/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date