

1.) CORPORATION NAME:

DUE DATE: **9/30/2010**

Investors Life Insurance Company of North America

SCC ID NO: **F0218935**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 40,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 WEST 11TH ST

CITY/ST/ZIP: KANSAS CITY, MO 64105-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: WILLIAM T MARDEN
TITLE: PRESIDENT
ADDRESS: 300 WEST 11TH ST
CITY/ST/ZIP/CO: KANSAS CITY, MO 64105-

OFFICER

DIRECTOR

NAME: JACK L FORTINI
TITLE: VP-LEGAL/S
ADDRESS: 300 WEST 11TH ST
CITY/ST/ZIP/CO: KANSAS CITY, MO 64105-

OFFICER

DIRECTOR

NAME: GARY L MULLER
TITLE: COB/CEO
ADDRESS: 300 WEST 11TH ST
CITY/ST/ZIP/CO: KANSAS CITY, MO 64105-

OFFICER

DIRECTOR

NAME: MICHAEL MERRIMAN
TITLE: DIRECTOR
ADDRESS: 300 WEST 11TH ST
CITY/ST/ZIP/CO: KANSAS CITY, MO 64105-

OFFICER

DIRECTOR

NAME: MARK K FALLON
TITLE: SVP/AS/CFO/CIO/
ADDRESS: 300 WEST 11TH ST
CITY/ST/ZIP/CO: KANSAS CITY, MO 64105-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|---|-----------------------------------|------------------|
| <u>/s/ JACK L FORTINI</u> | <u>JACK L FORTINI, VP-LEGAL/S</u> | <u>8/11/2010</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.