

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211518197

1.) CORPORATION NAME:

IA AMERICAN LIFE INSURANCE COMPANY

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**

DUE DATE: **7/31/2011**

SCC ID NO: **F0390205**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 17550 NORTH PERIMETER DRIVE
STE 210

CITY/ST/ZIP: SCOTTSDALE, AZ 85255-0131

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: MICHAEL STICKNEY OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: 17550 NORTH PERIMETER DRIVE
STE 210
CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85255-0131

NAME: YVON COTE OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 2211 CHEMIN SAINT-LOUIS #607
QUEBEC,
CITY/ST/ZIP/CO: , ,

NAME: WARREN VAN GENDEREN OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 65 KIRKLAND AVE #306
CITY/ST/ZIP/CO: KIRKLAND, WA 98033-

NAME: JOSEPH MANNING OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 34 KENMARE HALL
CITY/ST/ZIP/CO: ATLANTA, GA 30324-

NAME: MARY DINKEL OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: 17550 NORTH PERIMETER DRIVE
STE 210
CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85255-0131

NAME: KAREN DAVIES TITLE: VICE PRESIDENT ADDRESS: 17550 N. PERIMETER DR. SUITE 210 CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85255-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: YVON CHAREST TITLE: DIRECTOR ADDRESS: 1080, GRANDE ALLE OUEST CITY/ST/ZIP/CO: QUEBEC, G1K 7M3-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: DOUGLAS CARROTHERS TITLE: SECRETARY ADDRESS: 1080, GRANDE ALLEE OUEST CITY/ST/ZIP/CO: QUEBEC, G1K 7M3-, CANADA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
---	---	-----------------------------------

NAME: DAVID HOLLAND TITLE: DIRECTOR ADDRESS: 1961 PEELER ROAD CITY/ST/ZIP/CO: ATLANTA, GA 30338-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: SHELBY LANNY PEAVY TITLE: DIRECTOR ADDRESS: 425 AUSTIN AVE. CITY/ST/ZIP/CO: WACO, TX 76701-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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/ KAREN DAVIES</u>	<u>KAREN DAVIES, VICE PRESIDENT</u>	<u>8/15/2011</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.