

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212527683

1.) CORPORATION NAME:

IA AMERICAN LIFE INSURANCE COMPANY

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL STICKNEY		
TITLE:	PRESIDENT		
ADDRESS:	17550 NORTH PERIMETER DRIVE STE 210		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85255-0131		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARY DINKEL		
TITLE:	VICE PRESIDENT		
ADDRESS:	17550 NORTH PERIMETER DRIVE STE 210		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85255-0131		

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

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	YVON COTE DIRECTOR 2211 CHEMIN SAINT-LOUIS #607 QUEBEC, , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WARREN VAN GENDEREN DIRECTOR 65 KIRKLAND AVE #306 KIRKLAND, WA 98033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID HOLLAND DIRECTOR 1961 PEELER ROAD ATLANTA, GA 30338	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH MANNING DIRECTOR 34 KENMARE HALL ATLANTA, GA 30324	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHELBY LANNY PEAVY DIRECTOR 425 AUSTIN AVE. 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.			
/s/ MICHAEL STICKNEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL STICKNEY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/23/2012 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.			