

1.) CORPORATION NAME:

**Eagle Life Insurance Company**

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

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IA**

DUE DATE: **1/31/2012**

SCC ID NO: **F1848433**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000,000
PREFER	5,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6000 WESTOWN PARKWAY

CITY/ST/ZIP: WEST DES MOINES, IA 50266-

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 type="checkbox"/> DIRECTOR
NAME:	TED JOHNSON	
TITLE:	VICE PRESIDENT	
ADDRESS:	6000 WESTOWN PARKWAY	
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50266-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN MICHAEL MATOVINA	
TITLE:	PRESIDENT	
ADDRESS:	6000 WESTOWN PARKWAY	
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50266-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID JEFF NOBLE	
TITLE:	PRESIDENT	
ADDRESS:	6000 WESTOWN PARKWAY	
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50266-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DEBRA JANE RICHARDSON	
TITLE:	SECRETARY	
ADDRESS:	6000 WESTOWN PARKWAY	
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50266-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JUDITH ANN NAANEP	
TITLE:	Actuary	
ADDRESS:	6000 WESTOWN PARKWAY	
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50266-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WENDY CARLSON DIRECTOR 6000 WESTOWN PARKWAY WEST DES MOINES, IA 50266-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES MICHAEL GERLACH DIRECTOR 6000 WESTOWN PARKWAY WEST DES MOINES, IA 50266-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY ALLAN REIMER DIRECTOR 6000 WESTOWN PARKWAY WEST DES MOINES, IA 50266-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ TED JOHNSON	TED JOHNSON, VICE PRESIDENT	1/31/2012
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.