

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213508438

1.) CORPORATION NAME:

Eagle Life Insurance Company

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1848433**

RICHMOND, VA 23219

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

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.

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: TED JOHNSON TITLE: VICE PRESIDENT ADDRESS: 6000 WESTOWN PARKWAY CITY/ST/ZIP/CO: WEST DES MOINES, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input 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 checked="" type="checkbox"/> DIRECTOR
NAME: JUDITH ANN NAANEP TITLE: ACTUARY ADDRESS: 6000 WESTOWN PARKWAY CITY/ST/ZIP/CO: WEST DES MOINES, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMES MICHAEL GERLACH TITLE: DIRECTOR ADDRESS: 6000 WESTOWN PARKWAY CITY/ST/ZIP/CO: WEST DES MOINES, IA 50266	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	TERRY ALLAN REIMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6000 WESTOWN PARKWAY		
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50266		

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	2/19/2013
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.