



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000790085		2. Exact name of the Corporation Individual Assurance Company, Life, Health & Accident			
3. Principal office address 3200 E. Memorial Road, Suite 100		City Edmond	State OK	Zip 73013	
4. Business Phone No. (405) 285-0838		5. State of Incorporation Oklahoma			
6. Brief description of the character of business conducted in Rhode Island Insurance					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,250,000	Common Stock	2.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

Date

Assistant Vice President

Print or Type Name of Authorized Representative

FILED

AUG 31 2016

By **282577**

A.A. 2:08 p.m.

9-14-2015

Individual Assurance Company, Life, Health & Accident

NAIC#: 81779

Directors & Officers as of December 31, 2014 to Present

Board of Directors

James L. Harlin
Brent A. Gibson
Scott E. Dumbauld
Ladena G. Keuhn
Suzanne G. Elliott

Officers

James L. Harlin	Chairman, President & CEO
Brent A. Gibson	CFO, Treasurer & Secretary
Scott E. Dumbauld	Vice President & CMO
Ladena G. Keuhn	Vice President
Suzanne G. Elliott	Assistant Vice President

Address: 3200 E. Memorial Road, Suite 100
Edmond, Oklahoma 73013

Directors & Officers as of December 31, 2013

Board of Directors

James L. Harlin
David A. Dillon
Donald G. Kane II
Thomas A. Cumbo
John A. Diebold
Scott E. Dumbauld
Keith E. Nelson
Ladena G. Keuhn
Ante J. Pervan

Officers

James L. Harlin	Chairman, President & CEO
John A. Diebold	CFO, Treasurer & Secretary
Scott E. Dumbauld	Vice President - Business Development
Ronald F. Jones	Vice President - Investments
Ladena G. Keuhn	Vice President
Suzanne G. Elliott	Assistant Vice President

Address: 2400 W. 75th Street, Suite 201
Prairie Village, Kansas 66208