

1.) CORPORATION NAME:

**FIRST VIRGINIA 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: **3/31/2011**

SCC ID NO: **00828905**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 100,000    |

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

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 150 SOUTH STRATFORD ROAD  
PO BOX 1290

CITY/ST/ZIP: WINSTON-SALEM, NC 27102-

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: CHRISTOPHER L. HENSON  
TITLE: PRESIDENT/COB  
ADDRESS: 150 SOUTH STRATFORD ROAD  
PO BOX 1290  
CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27102-  
 OFFICER  DIRECTOR

NAME: ROBERT J. JOHNSON, JR.  
TITLE: SECRETARY  
ADDRESS: 150 SOUTH STRATFORD ROAD  
PO BOX 1290  
CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27102-  
 OFFICER  DIRECTOR

NAME: CINDY B POWELL  
TITLE: CONTROLLER  
ADDRESS: 150 SOUTH STRATFORD ROAD  
PO BOX 1290  
CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27102-  
 OFFICER  DIRECTOR

NAME: ROBERT E. GREENE  
TITLE: DIRECTOR  
ADDRESS: 150 SOUTH STRATFORD ROAD  
PO BOX 1290  
CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27102-  
 OFFICER  DIRECTOR

|  |   |  |
|--|---|--|
| NAME: EDWARD D. VEST<br>TITLE: TREASURER<br>ADDRESS: 150 SOUTH STRATFORD ROAD<br>PO BOX 1290<br>CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27102- | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|---|--|

|  |   |                                   |
|--|---|-----------------------------------|
| NAME: LISA MOBERLY<br>TITLE: OFFICER<br>ADDRESS: 150 SOUTH STRATFORD ROAD<br>PO BOX 1290<br>CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27102- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|--|---|-----------------------------------|

|  |   |                                   |
|--|---|-----------------------------------|
| NAME: KENNETH W. FITCHETT<br>TITLE: VICE PRESIDENT<br>ADDRESS: 150 SOUTH STRATFORD ROAD<br>PO BOX 1290<br>CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27102- | <input checked="" type="checkbox"/> OFFICER | <input 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/ LISA MOBERLY</u>                             | <u>LISA MOBERLY, OFFICER</u>     | <u>1/28/2011</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.