

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214509040

1.) CORPORATION NAME:

NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

SCC ID NO: **F0013948**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 411 W. CHAPEL HILL ST

CITY/ST/ZIP: DURHAM, NC 27701

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: JAMES H SPEED, JR
TITLE: P/CEO/D
ADDRESS: 11032 BRASS KETTLE RD
CITY/ST/ZIP/CO: RALEIGH, NC 27614

OFFICER DIRECTOR

NAME: MICHAEL L. LAWRENCE
TITLE: TREASURER
ADDRESS: 8712 GLENEAGLES DR.
CITY/ST/ZIP/CO: RALEIGH, NC 27613

OFFICER DIRECTOR

NAME: RICHARD C. BARNES
TITLE: SECRETARY
ADDRESS: 3205 PLANET DRIVE
CITY/ST/ZIP/CO: RALEIGH, NC 27604

OFFICER DIRECTOR

NAME: RICHARD L. HALL
TITLE: COO
ADDRESS: 2704 BEDFORD AVENUE
CITY/ST/ZIP/CO: RALEIGH, NC 27607

OFFICER DIRECTOR

NAME: BERT COLLINS
TITLE: CHRMN OF BOARD
ADDRESS: 2404 VINTAGE HILL DRIVE
CITY/ST/ZIP/CO: DURHAM, NC 27712

OFFICER DIRECTOR

NAME: CAROL MOSELEY BRAUN
TITLE: DIRECTOR
ADDRESS: 4940 S LAKE SHORE DRIVE
CITY/ST/ZIP/CO: UNIT E
CHICAGO, IL 60615

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIE T. CLOSS, JR. DIRECTOR 1014 WOODHALL LANE DURHAM, NC 27712	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE L. DUDLEY, SR. DIRECTOR 7021 INTERLAKEN DRIVE KERNERSVILLE, NC 27284-6332	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLIOTT HALL DIRECTOR 400 REINASSANCE CENTER DETROIT, MI 48243	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDRA MILLER JONES DIRECTOR 5840 BROOKWAY DR. WINSTON-SALEM, NC 27105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY B. LEVETTE, SR. DIRECTOR 1735 KANAWHA TRAIL STONE MOUNTAIN, GA 30087	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THEODORE W. LONG, JR. DIRECTOR 15900 SOUTH WOODLAND RD. SHAKER HEIGHTS, NC 44120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD H. MOORE DIRECTOR 3385 CHARLIE GRISSOM RD. KITTRELL, NC 27544	<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/ RICHARD C. BARNES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD C. BARNES, SECRETARY PRINTED NAME AND CORPORATE TITLE	2/19/2014 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.			