

1.) CORPORATION NAME:

UNITED OF OMAHA LIFE INSURANCE COMPANY

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

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

SCC ID NO: **F0032344**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	900,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: MUTUAL OF OMAHA PLAZA
c/o Leslie Hagg Corporate Secretary's Office

CITY/ST/ZIP: OMAHA, NE 68175

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:	DAVID A. DIAMOND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/CFO/T		
ADDRESS:	MUTUAL OF OMAHA PLAZA		
CITY/ST/ZIP/CO:	OMAHA, NE 68175		

NAME:	MICHAEL E HUSS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORP SEC		
ADDRESS:	MUTUAL OF OMAHA PLAZA		
CITY/ST/ZIP/CO:	OMAHA, NE 68175		

NAME:	DANIEL P NEARY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/CHRMN		
ADDRESS:	MUTUAL OF OMAHA PLAZA		
CITY/ST/ZIP/CO:	OMAHA, NE 68175		

NAME:	ROBERT L CLARKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MUTUAL OF OMAHA PLAZA		
CITY/ST/ZIP/CO:	OMAHA, NE 68175		

NAME:	W GARY GATES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MUTUAL OF OMAHA PLAZA		
CITY/ST/ZIP/CO:	OMAHA, NE 68175		

NAME:	MARY PAT MCCARTHY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MUTUAL OF OMAHA PLAZA		
CITY/ST/ZIP/CO:	OMAHA, NE 68175		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEREK R MCCLAIN DIRECTOR MUTUAL OF OMAHA PLAZA OMAHA, NE 68175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES G MCFARLANE DIRECTOR MUTUAL OF OMAHA PLAZA OMAHA, NE 68175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAULA R MEYER DIRECTOR MUTUAL OF OMAHA PLAZA OMAHA, NE 68175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY J PRINCIPI DIRECTOR MUTUAL OF OMAHA PLAZA OMAHA, NE 68175	<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/ MICHAEL E HUSS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL E HUSS, CORP SEC PRINTED NAME AND CORPORATE TITLE	6/23/2014 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.			