

1.) CORPORATION NAME:

**The United States Life Insurance Company in the City of
New York**

DUE DATE: **4/30/2012**

SCC ID NO: **F0064693**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,980,658

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 LIBERTY STREET

CITY/ST/ZIP: NEW YORK, NY 10281

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:	EDWARD FRANCIS BACON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2727A ALLEN PARKWAY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77019		

NAME:	GREGORY A HAYES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	200 LIBERTY STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10281		

NAME:	KYLE L JENNINGS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	GC/S		
ADDRESS:	2929 ALLEN PKWY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77019		

NAME:	MARY JANE BARLOTTA FORTIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/PR/CEO		
ADDRESS:	2929 ALLEN PARKWAY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77019		

NAME:	DON WAYNE CUMMINGS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP&CFO		
ADDRESS:	2929 ALLEN PARKWAY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77019		

NAME:	WILLIAM JAMES CARR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2727A ALLEN PARKWAY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77019		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM JAMES KANE DIRECTOR 2727A ALLEN PARKWAY HOUSTON, TX 77019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT HARRIS RICHLAND DIRECTOR 2727A ALLEN PARKWAY HOUSTON, TX 77019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH LAWRENCE ROTH DIRECTOR 200 LIBERTY STREET NEW YORK, NY 10281	<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/ KYLE L JENNINGS	KYLE L JENNINGS, GC/S	4/23/2012	
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.			