

1.) CORPORATION NAME:

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

DUE DATE: **4/30/2014**

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**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARY JANE BARLOTTA FORTIN	
TITLE:	PRESIDENT	
ADDRESS:	200 LIBERTY STREET	
CITY/ST/ZIP/CO:	NEW YORK, NY 10281	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	EDWARD FRANCIS BACON	
TITLE:	VICE PRESIDENT	
ADDRESS:	200 LIBERTY STREET	
CITY/ST/ZIP/CO:	NEW YORK, NY 10281	

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

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DON WAYNE CUMMINGS	
TITLE:	CFO	
ADDRESS:	200 LIBERTY STREET	
CITY/ST/ZIP/CO:	NEW YORK, NY 10281	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JULIE COTTON HEARNE	
TITLE:	SECRETARY	
ADDRESS:	2919-A ALLEN PARKWAY	
CITY/ST/ZIP/CO:	HOUSTON , TX 77019	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM JAMES CARR	
TITLE:	DIRECTOR	
ADDRESS:	200 LIBERTY STREET	
CITY/ST/ZIP/CO:	NEW YORK, NY 10281	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KYLE L JENNINGS DIRECTOR 200 LIBERTY STREET NEW YORK, NY 10281	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM JAMES KANE DIRECTOR 200 LIBERTY STREET NEW YORK, NY 10281	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT HARRIS RICHLAND DIRECTOR 200 LIBERTY STREET NEW YORK, NY 10281	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLENE MCFADDEN ASST SECRETARY 200 LIBERTY STREET NEW YORK, NY 10281	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. LAWRENCE ROTH DIRECTOR 200 LIBERTY STREET NEW YORK, NY 10281	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY JANE 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/ JULIE COTTON HEARNE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JULIE COTTON HEARNE, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/17/2014 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.			