

1.) CORPORATION NAME:

**CENTRE LIFE INSURANCE COMPANY**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

SCC ID NO: **F0114225**

**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:

**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 LIBERTY PLAZA, 165 BROADWAY

CITY/ST/ZIP: NEW YORK, NY 10006-1466

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: PATRICK COLM TIERNAN TITLE: PRESIDENT ADDRESS: ONE LIBERTY PLAZA 165 BROADWAY CITY/ST/ZIP/CO: NEW YORK, NY 10006-1466	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN GAETA TITLE: VICE PRESIDENT ADDRESS: ONE LIBERTY PLAZA 165 BROADWAY CITY/ST/ZIP/CO: NEW YORK, NY 10006-1466	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ERNEST WILSON TITLE: VICE PRESIDENT ADDRESS: ONE LIBERTY PLAZA 165 BROADWAY CITY/ST/ZIP/CO: NEW YORK, NY 10006-1466	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GLENN CARRASCOSO TITLE: VICE PRESIDENT ADDRESS: ONE LIBERTY PLAZA 165 BROADWAY CITY/ST/ZIP/CO: NEW YORK, NY 10006-1466	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: THOMAS GROGAN TITLE: SECRETARY ADDRESS: ONE LIBERTY PLAZA 165 BROADWAY CITY/ST/ZIP/CO: NEW YORK, NY 10006-1466	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	DAWN CUMMINGS-FRITZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	One Liberty Plaza		
CITY/ST/ZIP/CO:	165 Broadway NEW YORK, NY 10006-1466		

NAME:	ELIZABETH LAWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE LIBERTY PLAZA		
CITY/ST/ZIP/CO:	165 BROADWAY NEW YORK, NY 10006		

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/ THOMAS GROGAN	THOMAS GROGAN, SECRETARY	3/20/2013
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.