

1.) CORPORATION NAME:

CENTRE LIFE INSURANCE COMPANY

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

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

SCC ID NO: **F0114225**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STUART DIFFEY	
TITLE:	PRESIDENT	
ADDRESS:	ONE LIBERTY PLAZA 165 BROADWAY NEW YORK, NY 10006-1466	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RICHARD GRILLI	
TITLE:	VICE PRESIDENT	
ADDRESS:	ONE LIBERTY PLAZA 165 BROADWAY NEW YORK, NY 10006-1466	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ERNEST WILSON	
TITLE:	VICE PRESIDENT	
ADDRESS:	ONE LIBERTY PLAZA 165 BROADWAY NEW YORK, NY 10006-1466	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GLENN CARRASCOSO	
TITLE:	VICE PRESIDENT	
ADDRESS:	ONE LIBERTY PLAZA 165 BROADWAY NEW YORK, NY 10006-1466	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARY LYN DENIRO	
TITLE:	SECRETARY	
ADDRESS:	ONE LIBERTY PLAZA 165 BROADWAY NEW YORK, NY 10006-1466	
CITY/ST/ZIP/CO:		

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:	MARY ROSE BOSKO	<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/ MARY LYN DENIRO	MARY LYN DENIRO, SECRETARY	4/15/2014
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.