

1.) CORPORATION NAME:
**RENAISSANCE LIFE & HEALTH INSURANCE COMPANY
OFAMERICA**

DUE DATE: **11/30/2013**

SCC ID NO: **F0124141**

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	235,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:
IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 225 South East Street
Suite 360

CITY/ST/ZIP: Indianapolis, IN 46202-4002

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:	ROBERT P. MULLIGAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 30381		
CITY/ST/ZIP/CO:	LANSING, MI 48909-7881		

NAME:	JONATHAN S. GROAT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 30381		
CITY/ST/ZIP/CO:	LANSING, MI 48909-7881		

NAME:	JED J JACOBSON DDS MS MPH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	PO BOX 30381		
CITY/ST/ZIP/CO:	LANSING, MI 48909-7881		

NAME:	LAURA L CZELADA CPA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 30381		
CITY/ST/ZIP/CO:	LANSING, MI 48909-7881		

NAME:	EDWARD J ZOBECK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 30381		
CITY/ST/ZIP/CO:	LANSING, MI 48909-7881		

NAME:	GORAN M. JURKOVIC	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 30381		
CITY/ST/ZIP/CO:	LANSING, MI 48909-7881		

NAME: PATRICK T CAHILL OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: P.O. Box 30381
CITY/ST/ZIP/CO: LANSING, MI 48909-7881

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/ JONATHAN S. GROAT	JONATHAN S. GROAT, VICE	11/14/2013
_____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	_____ PRESIDENT 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.