

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.

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

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

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

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

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

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|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | EDWARD J ZOBECK | |
| TITLE: | SECRETARY | |
| 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.

| | | |
|---|---|-----------------|
| <u>/s/ ROBERT P. MULLIGAN</u> | <u>ROBERT P. MULLIGAN,</u> | <u>7/8/2014</u> |
| 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.