

|   |  |       |            |        |        |
|---|--|-------|------------|--------|--------|
| <p>1.) CORPORATION NAME:<br/><b>SCOR Global Life Americas Reinsurance Company</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br/><b>CORPORATION SERVICE COMPANY<br/>BANK OF AMERICA CENTER, 16TH FLOOR<br/>1111 EAST MAIN STREET<br/><br/>RICHMOND, VA 23219</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br/><b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:<br/><b>DE</b></p> | <p>DUE DATE: <b>3/31/2012</b></p> <p>SCC ID NO: <b>F0124414</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>28,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 28,000 |
| CLASS   | AUTHORIZED   |       |            |        |        |
| COMMON  | 28,000   |       |            |        |        |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 401 N Tryon Street  
Suite 800

CITY/ST/ZIP: Charlotte, NC 28202

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.

|  |   |  |  |
|--|---|--|--|
| <p>NAME: Paul E Rutledge, III<br/>TITLE: PRESIDENT<br/>ADDRESS: 401 N Tryon Street<br/>Suite 800<br/>CITY/ST/ZIP/CO: Charlotte, NC 28202</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |  |
|--|---|--|--|

|  |   |                                   |  |
|--|---|-----------------------------------|--|
| <p>NAME: William A Sofsky<br/>TITLE: SVP<br/>ADDRESS: 401 N Tryon Street<br/>Suite 800<br/>CITY/ST/ZIP/CO: Charlotte, NC 28202</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |  |
|--|---|-----------------------------------|--|

|   |   |                                   |  |
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| <p>NAME: MAXINE HILARY VERNE<br/>TITLE: CORP SEC<br/>ADDRESS: ONE SEAPORT PLAZA, 199 WATER ST<br/>21ST FLOOR<br/>CITY/ST/ZIP/CO: NEW YORK, NY 10038</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |  |
|---|---|-----------------------------------|--|

|  |   |                                   |  |
|--|---|-----------------------------------|--|
| <p>NAME: Eric B Wilmer<br/>TITLE: ASST SECRETARY<br/>ADDRESS: 401 N Tryon Street<br/>Suite 800<br/>CITY/ST/ZIP/CO: Charlotte, NC 28202</p> | <input checked="" type="checkbox"/> OFFICER | <input 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/ Eric B Wilmer                                   | Eric B Wilmer,                   | 5/4/2012 |
| 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.