

1.) CORPORATION NAME: <b>Liberty National Life Insurance Company</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATE CREATIONS NETWORK INC.          6802 PARAGON PLACE SUITE 410          RICHMOND, VA</b>	DUE DATE: <b>12/31/2014</b>  SCC ID NO: <b>F0156366</b>  5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">CLASS</th> <th>AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td style="text-align: center;">10,500,000</td> </tr> <tr> <td>PREFER</td> <td style="text-align: center;">2,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,500,000	PREFER	2,000,000
CLASS	AUTHORIZED						
COMMON	10,500,000						
PREFER	2,000,000						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>							
4.) STATE OR COUNTRY OF INCORPORATION: <b>NE</b>							

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3700 S STONEBRIDGE DR  
 CITY/ST/ZIP: MCKINNEY, TX 75070

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: ROGER C SMITH TITLE: PRES/CEO ADDRESS: 3700 S STONEBRIDGE DRIVE CITY/ST/ZIP/CO: MCKINNEY, TX 75070	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: STEVEN J DICHIARO TITLE: EXEC VP/CAO ADDRESS: 3700 S STONEBRIDGE DRIVE CITY/ST/ZIP/CO: MCKINNEY, TX 75070	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: JON A ADAMS TITLE: SR VP/CONTR ADDRESS: 3700 S STONEBRIDGE DR CITY/ST/ZIP/CO: MCKINNEY, TX 75070	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: JAMES STEVEN HAWKE TITLE: VP/ACTUARY ADDRESS: 3700 S STONEBRIDGE DRIVE CITY/ST/ZIP/CO: MCKINNEY, TX 75070	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: BRIAN MITCHELL TITLE: SR VP/SEC/GEN C ADDRESS: 3700 S STONEBRIDGE DR CITY/ST/ZIP/CO: MCKINNEY, TX 75070	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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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/ JON A ADAMS	JON A ADAMS, SR VP/CONTR	11/4/2014
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.