

1.) CORPORATION NAME:

MEDCO CONTAINMENT LIFE INSURANCE COMPANY

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ALLEN C GOOLSBY

HUNTON & WILLIAMS

951 E BYRD ST RIVERFRONT PLZ E TWR

SCC ID NO: **F0186595**

RICHMOND, VA 23219-4074

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	150
COMB	50

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5010 RITTER ROAD
SUITE 115

CITY/ST/ZIP: MECHANICSBURG, PA 17055

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:	Brit Pim	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	One Express Way		
CITY/ST/ZIP/CO:	St. Louis, MO 63121		

NAME:	Jeffrey Hall	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	One Express Way		
CITY/ST/ZIP/CO:	St. Louis, MO 63121		

NAME:	Keith Ebling	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	One Express Way		
CITY/ST/ZIP/CO:	St. Louis, MO 63121		

NAME:	Ed Ignaczak	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	One Express Way		
CITY/ST/ZIP/CO:	St. Louis, MO 63121		

NAME:	Matt Harper	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	One Express Way		
CITY/ST/ZIP/CO:	St. Louis, MO 63121		

NAME:	Martin Akins	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	One Express Way		
CITY/ST/ZIP/CO:	St. Louis, MO 63121		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James Schalago ASST SECRETARY 100 Parsons Pond Drive Franklin Lakes, NJ 07417	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Looney ASST SECRETARY One Express Way St. Louis, MO 63121	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ilene Marcus ASST SECRETARY 2225 Summit Avenue Montville, NJ 07645	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Steven Wogen ASST SECRETARY 100 Parsons Pond Drive Franklin Lakes, NJ 07417	<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/ Brit Pim	Brit Pim, PRESIDENT	12/18/2012	
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.			