

1.) CORPORATION NAME:

MEDCO CONTAINMENT LIFE INSURANCE COMPANY

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F0186595**

RICHMOND, VA

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:	MATT HARPER	<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:	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:	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:	MICHAEL LOONEY	<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:	JAMES SCHALAGO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	100 PARSONS POND DRIVE		
CITY/ST/ZIP/CO:	FRANKLIN LAKES, NJ 07417		

NAME: ED IGNACZAK TITLE: DIRECTOR ADDRESS: ONE EXPRESS WAY CITY/ST/ZIP/CO: ST. LOUIS, MO 63121	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: Patrick McNamee TITLE: DIRECTOR ADDRESS: One Express Way CITY/ST/ZIP/CO: St. Louis, MO 63121	<input type="checkbox"/> OFFICER	<input checked="" 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	9/4/2013
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.