

1.) CORPORATION NAME:

GERBER LIFE INSURANCE COMPANY

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

SCC ID NO: **F0215444**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,940,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1311 MAMARONECK AVENUE

CITY/ST/ZIP: WHITE PLAINS, NY 10605

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:	KEITH O'REILLY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1311 MAMARONECK AVE		
CITY/ST/ZIP/CO:	WHITE PLAINS, NY 10605		

NAME:	THOMAS CONDE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	1311 MAMARONECK AVENUE		
CITY/ST/ZIP/CO:	WHITE PLAINS, NY 10605		

NAME:	ROBERT J LODEWICK JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/GC		
ADDRESS:	1311 MAMARONECK AVE		
CITY/ST/ZIP/CO:	WHITE PLAINS, NY 10605		

NAME:	CRAIG THOMPSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1311 MAMARONECK AVENUT		
CITY/ST/ZIP/CO:	WHITE PLAINS, NY 10605		

NAME:	GEORGE P THACKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CMO		
ADDRESS:	1311 MAMARONECK AVE		
CITY/ST/ZIP/CO:	WHITE PLAINS, NY 10605		

NAME:	AYANA GORDON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1311 MAMARONECK AVENUE		
CITY/ST/ZIP/CO:	WHITE PLAINS, NY 10605		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WARREN SILBERSTEIN SVP 1311 MAMARONECK AVE WHITE PLAINS, NY 10605	<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/ ROBERT J LODEWICK JR	ROBERT J LODEWICK JR, VP/GC	9/24/2014	
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.			