

1.) CORPORATION NAME: NATIONAL BENEFIT LIFE INSURANCE COMPANY 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ALLEN C. GOOLSBY HUNTON & WILLIAMS 951 E BYRD ST RIVERFRONT PLZ E TWR RICHMOND, VA	DUE DATE: 8/31/2015 SCC ID NO: F0218406 5.) STOCK INFORMATION <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>1,666,666</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,666,666
CLASS	AUTHORIZED				
COMMON	1,666,666				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY					
4.) STATE OR COUNTRY OF INCORPORATION: NY					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: ONE COURT SQUARE CITY/ST/ZIP: LONG ISLAND CITY, NY 1120-0001

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.
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NAME: RAUL RIVERA TITLE: COB/PRES/CEO ADDRESS: ONE COURT SQUARE CITY/ST/ZIP/CO: LONG ISLAND CITY, NY 1120-0001	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: LYNN R LUND TITLE: VP/CHF ACT ADDRESS: ONE COURT SQUARE CITY/ST/ZIP/CO: LONG ISLAND CITY, NY 1120-0001	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: LEANNE ETHERIDGE NESS TITLE: VP/FIN REPORT ADDRESS: 1 PRIMERICA PARKWAY CITY/ST/ZIP/CO: DULUTH, GA 30099	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TODD M COOPERIDER TITLE: ASST SECRETARY ADDRESS: ONE COURT SQUARE CITY/ST/ZIP/CO: LONG ISLAND CITY, NY 1120	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JOSEPH FRANCIS GILL TITLE: DIRECTOR ADDRESS: ONE COURT SQUARE CITY/ST/ZIP/CO: LONG ISLAND CITY, NY 1120	<input type="checkbox"/> OFFICER	<input checked="" 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/ RAUL RIVERA	RAUL RIVERA, COB/PRES/CEO	8/12/2015
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.