

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215534781

1.) CORPORATION NAME:

Assurity Life Insurance Company

DUE DATE: **10/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0220709**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2000 Q ST
PO BOX 82533

CITY/ST/ZIP: LINCOLN, NE 68501-2533

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.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	THOMAS E HENNING				
TITLE:	PRESIDENT				
ADDRESS:	2000 Q ST				
	PO BOX 82533				
CITY/ST/ZIP/CO:	LINCOLN, NE 68501-2533				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	MARVIN P EHLY				
TITLE:	TREASURER				
ADDRESS:	2000 Q ST				
	PO BOX 82533				
CITY/ST/ZIP/CO:	LINCOLN, NE 68501-2533				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	SUSAN L KEISLER-MUNRO				
TITLE:	SVP/COO				
ADDRESS:	2000 Q ST				
	PO BOX 82533				
CITY/ST/ZIP/CO:	LINCOLN, NE 68501				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	DAVID T WALLMAN				
TITLE:	SVP/CHF ACTUARY				
ADDRESS:	2000 Q ST				
	PO BOX 82533				
CITY/ST/ZIP/CO:	LINCOLN, NE 68501				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	CAROL WATSON				
TITLE:	SECRETARY				
ADDRESS:	2000 Q ST				
	PO BOX 82533				
CITY/ST/ZIP/CO:	LINCOLN, NE 68501-2533				

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/ MARVIN P EHLY	MARVIN P EHLY, TREASURER	9/22/2015
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.		