

1.) CORPORATION NAME:

**UNITED WORLD LIFE INSURANCE COMPANY**

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F0229353**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	280,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: MUTUAL OF OMAHA PLAZA

CITY/ST/ZIP: OMAHA, NE 68175

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:	MICHAEL C WEEKLY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	MUTUAL OF OMAHA PLAZA		
CITY/ST/ZIP/CO:	OMAHA, NE 68175		

NAME:	MICHAEL E HUSS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORP SEC		
ADDRESS:	MUTUAL OF OMAHA PLAZA		
CITY/ST/ZIP/CO:	OMAHA, NE 68175		

NAME:	KURT S CHRISTIANSEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	MUTUAL OF OMAHA PLAZA		
CITY/ST/ZIP/CO:	OMAHA, NE 68175		

NAME:	DANIEL P NEARY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	MUTUAL OF OMAHA PLAZA		
CITY/ST/ZIP/CO:	OMAHA, NE 68175		

NAME:	RICHARD A WITT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST TREA		
ADDRESS:	MUTUAL OF OMAHA PLAZA		
CITY/ST/ZIP/CO:	OMAHA, NE 68175		

NAME:	ALAN D BRINKMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIF ACTUARY		
ADDRESS:	MUTUAL OF OMAHA PLAZA		
CITY/ST/ZIP/CO:	OMAHA, NE 68175		

NAME: STACY A SCHOLTZ TITLE: DIRECTOR ADDRESS: MUTUAL OF OMAHA PLAZA CITY/ST/ZIP/CO: OMAHA, NE 68175	<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/ MICHAEL C WEEKLY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL C WEEKLY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/19/2014 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.		