

1.) CORPORATION NAME:

**PHYSICIANS LIFE INSURANCE COMPANY**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F0229395**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2600 DODGE

CITY/ST/ZIP: OMAHA, NE 68131

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.

<p>NAME: R A REED TITLE: PRESIDENT ADDRESS: 2600 DODGE CITY/ST/ZIP/CO: OMAHA, NE 68131</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT A. REED, JR. TITLE: EXEC VP/COO/AS ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KATHERINE M ANDERSON TITLE: ASST VP ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: BENJAMIN T BALDWIN TITLE: SENIOR VP ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: BRICE A BALLARD TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL V CARSTENS TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GRANT J CHRISTENSEN VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C CLARK VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY J CONNOR ASST VP 2600 DODGE ST OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELISSA J CRAWFORD SENIOR VP 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOWARD G DAUBERT SENIOR VP 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROSE M EARLYWINE ASST VP 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE J EBELING VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID M HAHN VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY P HOPKINS VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN R HUGHES VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD J KASPAR VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILLIP J KRESKI VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK E LEHMAN ASST VP 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THERESE M MCDERMOTT ASST VP 2600 DODGE ST OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERRY R MONICO ASST VP 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD J MULLEN VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK S NELSON VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHANE D PARSHALL VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK E PETERS VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL W PETERSON ASST VP 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE R PHILLIPS VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDERICK T RAHN, JR. VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY R REED VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT A RICHE ASST VP 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN A SCANLAN SENIOR VP 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J TAYLOR SENIOR VP 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBRA L WALTON VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TARA A WARREN ASST VP 2600 DODGE ST OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID P WOODS ASST VP 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L GUNIA SRVP/ASST SEC 2600 DODGE OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J WADE SVP/CFO 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM R HAMSA, MD CHAIRMAN 2600 DODGE STREET OMAHA, NE 68131	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DALE E BRETT, MD DIRECTOR 2600 DODGE STREET OMAHA, NE 68131	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES T CANEDY, MD DIRECTOR 2600 DODGE STREET OMAHA, NE 68131	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN M MANCUSO, MD DIRECTOR 2600 DODGE STREET OMAHA, NE 68131	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN D WOODBURY, MD DIRECTOR 2600 DODGE STREET OMAHA, NE 68131	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER C DUDA ASST VP 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIM S LESINSKI ASST VP 2600 DODGE STREET OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NATHAN L COBERLY ASST VP 2600 DODGE STREET OMAHA, NE 68131	<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 L GUNIA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT L GUNIA, SRVP/ASST SEC PRINTED NAME AND CORPORATE TITLE	8/6/2013 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.			