

1.) CORPORATION NAME:

**BENEFICIAL LIFE INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**UT**

DUE DATE: **11/30/2012**

SCC ID NO: **F0232803**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	400,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 45654  
55 NORTH 300 WEST, SUITE 375

CITY/ST/ZIP: SALT LAKE CITY, UT 84145-0654

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:	KIRBY THOMAS BROWN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2260 BEAR HOLLOW DR		
CITY/ST/ZIP/CO:	PARK CITY, UT 84098		

NAME:	WILLIAM PAK-WAH LEUNG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1944 FALCON VIEW DR.		
CITY/ST/ZIP/CO:	SANDY, UT 84092		

NAME:	J DAVID PEARCE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/SEC		
ADDRESS:	1952 RIDGE HILL DR		
CITY/ST/ZIP/CO:	BOUNTIFUL, UT 84010		

NAME:	SETH WARREN VANCE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	55 NORTH 300 WEST		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84145		

NAME:	DOUGLAS R HANCOCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/CFO		
ADDRESS:	4391 W 400 S		
CITY/ST/ZIP/CO:	OGDEN, UT 84404		

NAME:	ALDON SCOTT ANDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1326 E THIRD AVE		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84103		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIM BRYCE CLARK DIRECTOR 55 NORTH 300 WEST SALT LAKE CITY, UT 84145	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER GLEN CLARKE DIRECTOR 55 NORTH 300 WEST SALT LAKE CITY, UT 84145	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RODNEY A HAWES JR. DIRECTOR 49-51 LOCUST AVENUE, SUITE 103 NEW CANAAN, CT 06840	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADLEY KEMPTON MCKINNON DIRECTOR 55 NORTH 300 WEST SALT LAKE CITY, UT 84145	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID ROBERT NYDEGGER DIRECTOR 55 NORTH 300 WEST SALT LAKE CITY, UT 84145	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J CARY RIPPLINGER VICE PRESIDENT 55 NORTH 300 WEST SALT LAKE CITY, UT 84145	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH B MCMULLIN DIRECTOR 55 NORTH 300 WEST SALT LAKE CITY, UT 84145	<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/ J DAVID PEARCE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	J DAVID PEARCE, SR VP/SEC PRINTED NAME AND CORPORATE TITLE	10/9/2012 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.			