

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213547598

1.) CORPORATION NAME:

BENEFICIAL LIFE INSURANCE COMPANY

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0232803**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	400,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

UT

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:	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:	J CARY RIPPLINGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	55 NORTH 300 WEST		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84145		

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:	ROGER GLEN CLARKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	55 NORTH 300 WEST		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84145		

NAME: BRADLEY KEMPTON MCKINNON TITLE: DIRECTOR ADDRESS: 55 NORTH 300 WEST CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84145	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KEITH B MCMULLIN TITLE: DIRECTOR ADDRESS: 55 NORTH 300 WEST CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84145	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID ROBERT NYDEGGER TITLE: DIRECTOR ADDRESS: 55 NORTH 300 WEST CITY/ST/ZIP/CO: 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	10/14/2013 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.		