

1.) CORPORATION NAME: THE RELIABLE LIFE INSURANCE COMPANY 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: MO	DUE DATE: 11/30/2013 SCC ID NO: F0298820 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMA</td> <td>6,000,000</td> </tr> <tr> <td>COMB</td> <td>15,000,000</td> </tr> <tr> <td>PREFV</td> <td>3,000,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMA	6,000,000	COMB	15,000,000	PREFV	3,000,000
CLASS	AUTHORIZED								
COMA	6,000,000								
COMB	15,000,000								
PREFV	3,000,000								

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 12115 LACKLAND ROAD CITY/ST/ZIP: ST LOUIS, MO 63146
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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: EDWARD J KONAR TITLE: COB/PRES ADDRESS: 1460 PERSIMMON DR CITY/ST/ZIP/CO: ST CHARLES, IL 60174	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: THOMAS D MYERS TITLE: SR VP/T ADDRESS: 7479 TEASDALE AVE CITY/ST/ZIP/CO: UNIVERSITY CITY, MO 63130	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOHN R CAMILLO TITLE: SVP/SEC/GC ADDRESS: 816 MASON WOOD DRIVE CITY/ST/ZIP/CO: TOWN & COUNTRY, MO 63141	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: RICHARD J MILLER TITLE: SVP/CAO ADDRESS: 2705 TOWNE CREST CITY/ST/ZIP/CO: ST LOUIS, MO 63129	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: DEBORAH L QUAGLIA TITLE: SVP/OPS ADDRESS: 2368 CANYON DRIVE CITY/ST/ZIP/CO: ST CHARLES, MO 63303	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ JOHN R CAMILLO	JOHN R CAMILLO, SVP/SEC/GC	10/25/2013
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.