

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213526791

1.) CORPORATION NAME:

PRESIDENTIAL LIFE INSURANCE COMPANY

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F0310179**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 69 LYDECKER STREET

CITY/ST/ZIP: NYACK, NY 10960

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: GUY HUDSON SMITH OFFICER DIRECTOR
TITLE: PRES/CEO
ADDRESS: 69 LYDECKER STREET
CITY/ST/ZIP/CO: NYACK, NY 10960

NAME: DAVID CHRISTOPHER ATTAWAY OFFICER DIRECTOR
TITLE: TREASURER
ADDRESS: 69 LYDECKER
CITY/ST/ZIP/CO: NYACK, NY 10960

NAME: JOHN L GOLDEN OFFICER DIRECTOR
TITLE: SECRETARY
ADDRESS: 69 LYDECKER ST
CITY/ST/ZIP/CO: NYACK, NY 10960

NAME: LISA SCHUMM OFFICER DIRECTOR
TITLE: ASST TREASURER
ADDRESS: 69 LYDECKER ST
CITY/ST/ZIP/CO: NYACK, NY 10960

NAME: JAMES R BELARDI OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 69 LYDECKER STREET
CITY/ST/ZIP/CO: NYACK, NY 10960

NAME: IMRAN SIDDIQUI OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 69 LYDECKER STREET
CITY/ST/ZIP/CO: NYACK, NY 10960

NAME: MATTHEW R MICHELINI TITLE: DIRECTOR ADDRESS: 69 LYDECKER STREET CITY/ST/ZIP/CO: NYACK, NY 10960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSHUA M BLACK TITLE: DIRECTOR ADDRESS: 69 LYDECKER STREET CITY/ST/ZIP/CO: NYACK, NY 10960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GRANT KVALHEIM TITLE: DIRECTOR ADDRESS: 69 LYDECKER STREET CITY/ST/ZIP/CO: NYACK, NY 10960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRANCIS SABATINI TITLE: DIRECTOR ADDRESS: 69 LYDECKER STREET CITY/ST/ZIP/CO: NYACK, NY 10960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES ANDREW BETTS TITLE: DIRECTOR ADDRESS: 69 LYDECKER STREET CITY/ST/ZIP/CO: NYACK, NY 10960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HOPE SCHEFLER TAITZ TITLE: DIRECTOR ADDRESS: 69 LYDECKER STREET CITY/ST/ZIP/CO: NYACK, NY 10960	<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/ LISA SCHUMM SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LISA SCHUMM, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	6/7/2013 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.		