

1.) CORPORATION NAME:

ULLICO Life Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

DUE DATE: **9/30/2011**

SCC ID NO: **F0371718**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 24602 FAIRWAY SPRINGS

CITY/ST/ZIP: SAN ANTONIO, TX 78258-

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: GARY BURKE
TITLE: PRESIDENT
ADDRESS: 24602 FAIRWAY SPRINGS
CITY/ST/ZIP/CO: SAN ANTONIO, TX 78258-

OFFICER

DIRECTOR

NAME: PATRICK MCGLONE
TITLE: Sr VP/GC/SEC
ADDRESS: 24602 FAIRWAY SPRINGS
CITY/ST/ZIP/CO: SAN ANTONIO, TX 78258-

OFFICER

DIRECTOR

NAME: DAMON GASQUE
TITLE: VP/TREAS/CFO
ADDRESS: 24602 FAIRWAY SPRINGS
CITY/ST/ZIP/CO: SAN ANTONIO, TX 78258-

OFFICER

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/ GARY BURKE

GARY BURKE, PRESIDENT

9/16/2011

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.