

1.) CORPORATION NAME: AURORA NATIONAL LIFE ASSURANCE 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: CA	DUE DATE: 1/31/2014 SCC ID NO: F0378747 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED				
COMMON	100,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 175 KING ST. CITY/ST/ZIP: ARMONK, NY 10504

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: CRAIG WRAY CLARK TITLE: PRESIDENT ADDRESS: 12750 MERIT DRIVE SUITE 500 CITY/ST/ZIP/CO: DALLAS, TX 75251	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: IAN WILLIAM JAMES PATRICK TITLE: PRESIDENT ADDRESS: 30 ST. MARY AXE CITY/ST/ZIP/CO: LONDON, EC3A , UNITED KINGDOM (GREAT BRITAIN) , , FN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ELISSA BETH KENNY TITLE: SECRETARY ADDRESS: 175 KING ST. CITY/ST/ZIP/CO: ARMONK, NY 10504	<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/ CRAIG WRAY CLARK	CRAIG WRAY CLARK, PRESIDENT	12/11/2013
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.