

1.) CORPORATION NAME:

**AMERICAN FINANCIAL SECURITY LIFE INSURANCE  
COMPANY**

DUE DATE: **10/31/2012**

SCC ID NO: **F0394348**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**E. FORD STEPHENS  
CHRISTIAN BARTON EPPS ET AL.  
909 E MAIN ST 1200 MUTUAL BLDG**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

**RICHMOND, VA 23219-3095**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MO**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 55 NE Avenue  
Suite 502

CITY/ST/ZIP: Boca Raton, FL 33432

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL CAMILLERI	
TITLE:	PRESIDENT	
ADDRESS:	55 NE 5th Avenue Suite 502	
CITY/ST/ZIP/CO:	BOCA RATON, FL 33432	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL J. SONNENBERG	
TITLE:	SECRETARY	
ADDRESS:	555 Madison Avenue 21st Floor	
CITY/ST/ZIP/CO:	NEW YORK, NY 10022	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL E GREEN	
TITLE:	DIRECTOR	
ADDRESS:	492 Karlo Court	
CITY/ST/ZIP/CO:	Deltona, FL 32725	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT L HILTON	
TITLE:	DIRECTOR	
ADDRESS:	1405 GREYSTON PARC LANE	
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35242	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	J. MICHAEL PICKENS	
TITLE:	DIRECTOR	
ADDRESS:	123 Orleans Drive	
CITY/ST/ZIP/CO:	Maumeur, AR 72113	

NAME: Eric P Serna TITLE: DIRECTOR ADDRESS: 690 Gonzales Road House 7 CITY/ST/ZIP/CO: Santa Fe, NM 87501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Melinda E Green TITLE: DIRECTOR ADDRESS: 492 Karlo Court CITY/ST/ZIP/CO: Deltona, FL 32725	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Carol Sonnenberg TITLE: DIRECTOR ADDRESS: 555 Madison Avenue 21st Floor CITY/ST/ZIP/CO: New York, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: John S Maloney TITLE: TREASURER ADDRESS: 271 Plymouth Avenue CITY/ST/ZIP/CO: Brightwaters, NY 11718	<input checked="" 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/ MICHAEL CAMILLERI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL CAMILLERI, PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/14/2012 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.		