

1.) CORPORATION NAME:

**AMERICAN FINANCIAL SECURITY LIFE INSURANCE
COMPANY**

DUE DATE: **10/31/2013**

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

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:	JOHN S MALONEY		
TITLE:	CFO		
ADDRESS:	271 PLYMOUTH AVENUE		
CITY/ST/ZIP/CO:	BRIGHTWATERS, NY 11718		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL J. SONNENBERG		
TITLE:	TREASURER		
ADDRESS:	100 Garden City Plaza Suite 102		
CITY/ST/ZIP/CO:	Garden City, NY 11530		

		<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 checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MELINDA E GREEN		
TITLE:	SECRETARY		
ADDRESS:	492 KARLO COURT		
CITY/ST/ZIP/CO:	DELTONA, FL 32725		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. MICHAEL PICKENS DIRECTOR 123 ORLEANS DRIVE MAUMEUR, AR 72113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC P SERNA DIRECTOR 690 GONZALES ROAD HOUSE 7 SANTA FE, NM 87501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROL SONNENBERG DIRECTOR 100 Garden City Plaza Suite 102 Garden City, NY 11530	<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/ MICHAEL CAMILLERI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL CAMILLERI, PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/16/2013 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.			