

1.) CORPORATION NAME:

**AMERICAN MATURITY LIFE INSURANCE COMPANY**

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

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CT**

DUE DATE: **11/30/2011**

SCC ID NO: **F0420036**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	15,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 HOPMEADOW ROAD  
ATTN: CORPORATE B1E

CITY/ST/ZIP: SIMSBURY, CT 06089-

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: TERENCE SHIELDS  
TITLE: SECRETARY  
ADDRESS: ONE HARTFORD PLAZA  
CITY/ST/ZIP/CO: HARTFORD, CT 06155-

OFFICER

DIRECTOR

NAME: ROBERT W PAIANO  
TITLE: TREASURER  
ADDRESS: ONE HARTFORD PLAZA  
CITY/ST/ZIP/CO: HARTFORD, CT 06155-

OFFICER

DIRECTOR

NAME: DAVID N LEVENSON  
TITLE: PRESIDENT  
ADDRESS: 200 HOPMEADOW ROAD  
CITY/ST/ZIP/CO: SIMSBURY, CT 06089-

OFFICER

DIRECTOR

NAME: MARK NILAND  
TITLE: DIRECTOR  
ADDRESS: ONE HARTFORD PLAZA  
CITY/ST/ZIP/CO: HARTFORD, CT 06155-

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/ TERENCE SHIELDS

TERENCE SHIELDS, SECRETARY

9/6/2011

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.