

|  |   |       |            |        |           |
|--|---|-------|------------|--------|-----------|
| 1.) CORPORATION NAME:<br><b>CENTRAL RESERVE LIFE INSURANCE COMPANY</b><br>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>         4701 COX ROAD, SUITE 285<br/>         GLEN ALLEN, VA</b> | DUE DATE: <b>9/30/2015</b><br><br>SCC ID NO: <b>F0438277</b><br><br>5.) STOCK INFORMATION<br><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>3,000,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 3,000,000 |
| CLASS  | AUTHORIZED  |       |            |        |           |
| COMMON   | 3,000,000   |       |            |        |           |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>   |   |       |            |        |           |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>OH</b>  |   |       |            |        |           |

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| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 1200 LAKELINE BLVD<br>STE 100<br><br>CITY/ST/ZIP: AUSTIN, TX 78714 |
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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: BRADLEY ALLEN WOLFRAM<br>TITLE: PRESIDENT<br>ADDRESS: 11200 LAKELINE BLVD<br>CITY/ST/ZIP/CO: AUSTIN, TX 78717 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|---|---|--|

|   |   |  |
|---|---|--|
| NAME: PAUL A SEVERT<br>TITLE: EXEC VP<br>ADDRESS: 11200 LAKELINE BLVD<br>CITY/ST/ZIP/CO: AUSTIN, TX 78717 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|---|---|--|

|   |   |                                   |
|---|---|-----------------------------------|
| NAME: TRACY EUGENE MAPLES<br>TITLE: SR VP/CHF ACTUA<br>ADDRESS: 11200 LAKELINE BLVD<br>CITY/ST/ZIP/CO: AUSTIN, TX 78717 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|---|---|-----------------------------------|

|  |   |                                   |
|--|---|-----------------------------------|
| NAME: BYRON K BUESCHER<br>TITLE: CAO<br>ADDRESS: 11200 LAKELINE BLVD<br>CITY/ST/ZIP/CO: AUSTIN, TX 78717 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
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|---|---|-----------------------------------|
| NAME: BRENDA W HARDISON<br>TITLE: SECRETARY<br>ADDRESS: 11200 LAKELINE BLVD<br>CITY/ST/ZIP/CO: AUSTIN, TX 78717 | <input checked="" type="checkbox"/> OFFICER | <input 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/ BRADLEY ALLEN WOLFRAM<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | BRADLEY ALLEN WOLFRAM,<br>PRESIDENT<br>PRINTED NAME AND CORPORATE TITLE | 10/29/2015<br>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.