

1.) CORPORATION NAME:

ELCO Mutual Life and Annuity

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DONALD W PIACENTINI
PARKER POLLARD & BROWN
6802 PARAGON PLACE STE 300**

SCC ID NO: **F0442030**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 916 SHERWOOD DRIVE

CITY/ST/ZIP: LAKE BLUFF, IL 60044-2285

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:	EDMUND J. KULPINS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CFO		
ADDRESS:	743 FLINT CT		
CITY/ST/ZIP/CO:	ROMEOVILLE, IL 60446-5193		
NAME:	RICHARD P. LEACH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	631 N. CALIFORNIA		
CITY/ST/ZIP/CO:	MUNDELEIN, IL 60060		
NAME:	ROBERT E BRUCE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	441 PARK LANE		
CITY/ST/ZIP/CO:	LAKE BLUFF, IL 60044		
NAME:	WILLIAM D BRUCE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/CHRMN		
ADDRESS:	1100 Pembridge Drive Unit 123		
CITY/ST/ZIP/CO:	LAKE FOREST, IL 60045		
NAME:	ROBERT J. SPICER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3415 SONOMA WAY		
CITY/ST/ZIP/CO:	AVON, OH 44011		
NAME:	Patricia B. Payne	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1105 26th Street #214		
CITY/ST/ZIP/CO:	Anacortes, WA 98221		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Roger A. Grum VICE PRESIDENT 824 Foster Avenue Lake Bluff, IL 60044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paul J. Grawe VP / Asst. Sec 579 Old Walnut Circle Gurnee, IL 60031	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David A. Bruce EVP / Asst Sec 15409 W. Cherrywood Lane Libertyville, IL 60048	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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/ David A. Bruce	David A. Bruce,	10/18/2013
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.