

1.) CORPORATION NAME:

DUE DATE: **12/31/2015**

Generation Life Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0471807**

**NATIONAL REGISTERED AGENTS, INC.
4701 COX ROAD
SUITE 301**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 50,000 |

GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AZ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 459

CITY/ST/ZIP: COLUMBIA, TN 38402-0459

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: | LACY UPCHURCH | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | PO BOX 998 | | |
| CITY/ST/ZIP/CO: | COLUMBIA, TN 38402 | | |

| | | | |
|-----------------|--------------------|---|-----------------------------------|
| NAME: | DANNY ROCHELLE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | PO BOX 998 | | |
| CITY/ST/ZIP/CO: | COLUMBIA, TN 38402 | | |

| | | | |
|-----------------|--------------------|---|-----------------------------------|
| NAME: | ED LANCASTER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | PO BOX 998 | | |
| CITY/ST/ZIP/CO: | COLUMBIA, TN 38402 | | |

| | | | |
|-----------------|--------------------|---|-----------------------------------|
| NAME: | WAYNE MERRILL | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | CFO | | |
| ADDRESS: | PO BOX 998 | | |
| CITY/ST/ZIP/CO: | COLUMBIA, TN 38402 | | |

| | | | |
|-----------------|-------------------------|---|-----------------------------------|
| NAME: | MATTHEW M SCOGGINS, JR. | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | CEO | | |
| ADDRESS: | PO BOX 998 | | |
| CITY/ST/ZIP/CO: | COLUMBIA, TN 38402 | | |

| | | | |
|-----------------|--------------------|---|-----------------------------------|
| NAME: | DENNIS STEPHEN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | COO | | |
| ADDRESS: | PO BOX 998 | | |
| CITY/ST/ZIP/CO: | COLUMBIA, TN 38402 | | |

| | | |
|--|--|--|
| NAME: WILLARD BROWN TITLE: DIRECTOR ADDRESS: PO BOX 998 CITY/ST/ZIP/CO: COLUMBIA, TN 38402 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MARTY DAVIS TITLE: DIRECTOR ADDRESS: PO BOX 998 CITY/ST/ZIP/CO: COLUMBIA, TN 38402 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ROBERT EARHART TITLE: DIRECTOR ADDRESS: PO BOX 998 CITY/ST/ZIP/CO: COLUMBIA, TN 38402 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JASON LUCKEY TITLE: DIRECTOR ADDRESS: PO BOX 998 CITY/ST/ZIP/CO: COLUMBIA, TN 38402 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JACK SANDERS TITLE: DIRECTOR ADDRESS: PO BOX 998 CITY/ST/ZIP/CO: COLUMBIA, TN 38402 | <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/ WAYNE MERRILL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | WAYNE MERRILL, CFO PRINTED NAME AND CORPORATE TITLE | 11/24/2015 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. | | |