

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212540596

1.) CORPORATION NAME:

THE EPIC LIFE INSURANCE COMPANY

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0595498**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1765 WEST BROADWAY

CITY/ST/ZIP: MADISON, WI 53713

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:	Michael Hamerlik	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2530 University Ave		
CITY/ST/ZIP/CO:	MADISON, WI 53705		
NAME:	KIM RENE GOKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	7065 GEHIN DRIVE		
CITY/ST/ZIP/CO:	BELLEVILLE, WI 53508-9752		
NAME:	Thomas Robert Nelson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	416 Southing Grange		
CITY/ST/ZIP/CO:	Cottage Grove, WI 53527		
NAME:	TIMOTHY JON HEATON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	836 LILIANA TER		
CITY/ST/ZIP/CO:	OREGON, WI 53575		
NAME:	TIMOTHY THOMAS FLAHERTY, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	547 E WISCONSIN AVE		
CITY/ST/ZIP/CO:	NEENAH, WI 54956		
NAME:	EDWIN HILL JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17 DEER POINT TRAIL		
CITY/ST/ZIP/CO:	MADISON, WI 53719		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LELAND HAROLD KAUTH DIRECTOR 3841 43RD STREET SOUTH WISCONSIN RAPIDS, WI 54494	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EUGENE JORGEN NORDBY, MD DIRECTOR 7842 COURTYARD DR. MADISON, WI 53719	<input 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/ Michael Hamerlik	Michael Hamerlik, PRESIDENT	10/22/2012
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.