

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214544803

1.) CORPORATION NAME:

**THE EPIC LIFE INSURANCE COMPANY**

DUE DATE: **11/30/2014**

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**

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:	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:	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:	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:	DANIEL EDWARD SCHWANDT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	625 E MIFFLIN ST		
CITY/ST/ZIP/CO:	#201 MADISON, WI 53708		

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	9/29/2014
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.