

1.) CORPORATION NAME:

DUE DATE: **10/31/2013**

**Financial American Life Insurance Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1053257**

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 18,000,000 |
| PREFER | 2,000,000  |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**KS**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12485 SW 137TH AVE STE 300

CITY/ST/ZIP: MIAMI, FL 33186

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.

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | MANUEL JACOB MILLOR                         |  |
| TITLE:          | P/CEO                                       |  |
| ADDRESS:        | 12485 SW 137TH AVE                          |  |
| CITY/ST/ZIP/CO: | SUITE 300<br>MIAMI, FL 33186                |  |

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | CHRISTOPHER ALFARAS                         |  |
| TITLE:          | VP/DIR                                      |  |
| ADDRESS:        | 12485 SW 137TH AVE                          |  |
| CITY/ST/ZIP/CO: | SUITE 300<br>MIAMI, FL 33186                |  |

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | MICHAEL D GINSBERG                          |  |
| TITLE:          | SVP/T/DIR                                   |  |
| ADDRESS:        | 12485 SW 137TH AVENUE                       |  |
| CITY/ST/ZIP/CO: | MIAMI, FL 33186                             |  |

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | CAROL R. JONES                              |  |
| TITLE:          | VP OPS/DIR                                  |  |
| ADDRESS:        | 12485 SW 137TH AVE                          |  |
| CITY/ST/ZIP/CO: | SUITE 300<br>MIAMI, FL 33186                |  |

|                 |                                  |  |
|-----------------|----------------------------------|--|
|                 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | Arlene Gonzalez                  |  |
| TITLE:          | Secretary/Dir                    |  |
| ADDRESS:        | 12485 SW 137th Avenue Suite 300  |  |
| CITY/ST/ZIP/CO: | Miami, FL 33186                  |  |

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.

|   |                                       |                  |
|---|---------------------------------------|------------------|
| <u>/s/ Arlene Gonzalez</u>                          | <u>Arlene Gonzalez, Secretary/Dir</u> | <u>4/14/2014</u> |
| 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.