

1.) CORPORATION NAME:

**CONTINENTAL LIFE INSURANCE COMPANY OF  
BRENTWOOD, TENNESSEE**

DUE DATE: **3/31/2012**

SCC ID NO: **F1099565**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 101 CONTINENTAL PLACE

CITY/ST/ZIP: BRENTWOOD, TN 37027

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:	TYREE S. WOOLDRIDGE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	6620 W BROAD ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		

NAME:	EDWARD C. LEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/AS		
ADDRESS:	151 FARMINGTON AVENUE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06156		

NAME:	ELAINE R. COFRANCESCO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	151 FARMINGTON AVENUE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06156		

NAME:	STEVEN HENDRICH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	S/VP/GC		
ADDRESS:	101 CONTINENTAL PLACE		
CITY/ST/ZIP/CO:	BRENTWOOD, TN 37027		

NAME:	STEPHEN B JONES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	101 CONTINENTAL PL		
CITY/ST/ZIP/CO:	BRENTWOOD, TN 37027		

NAME:	MICHAEL A. ATCHISON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VP		
ADDRESS:	101 CONTINENTAL PLACE		
CITY/ST/ZIP/CO:	BRENTWOOD, TN 37027		

NAME: BRAD E. SHELTON TITLE: CONTROLLER ADDRESS: 101 CONTINENTAL PLACE CITY/ST/ZIP/CO: BRENTWOOD, TN 37027	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: KEVIN J. CASEY TITLE: SR. INVT OFFICER ADDRESS: 151 FARMINGTON AVENUE CITY/ST/ZIP/CO: HARTFORD, CT 06156	<input checked="" type="checkbox"/> OFFICER	<input 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/ EDWARD C. LEE	EDWARD C. LEE, VP/AS	3/28/2012
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.