

1.) CORPORATION NAME: BEST LIFE AND HEALTH INSURANCE COMPANY 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BUSINESS FILINGS INCORPORATED 4701 COX ROAD SUITE 301 GLEN ALLEN, VA 23060-6802 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: TX	DUE DATE: 3/31/2013 SCC ID NO: F1245168 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED				
COMMON	100,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2505 MCCABE WAY CITY/ST/ZIP: IRVINE, CA 92614	
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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: PAUL S PEATROSS TITLE: PRESIDENT ADDRESS: 2505 MCCABE WAY CITY/ST/ZIP/CO: IRVINE, CA 92614	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: DONALD R. LAWRENZ TITLE: CEO ADDRESS: 2505 MCCABE WAY CITY/ST/ZIP/CO: IRVINE, CA 92614	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: PAULA J KNOX TITLE: SECRETARY ADDRESS: 2505 MCCABE WAY CITY/ST/ZIP/CO: IRVINE, CA 92614	<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/ PAULA J KNOX	PAULA J KNOX, SECRETARY	3/12/2013
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.