

SCC eFile

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

214509391

1.) CORPORATION NAME:

BEST LIFE AND HEALTH INSURANCE COMPANY

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BUSINESS FILINGS INCORPORATED
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1245168**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2505 MCCABE WAY

CITY/ST/ZIP: IRVINE, CA 92614

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:	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
NAME:	DONALD R. LAWRENZ		
TITLE:	CEO		
ADDRESS:	2505 MCCABE WAY		
CITY/ST/ZIP/CO:	IRVINE, CA 92614		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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
NAME:	JENNIFER L BOLTON		
TITLE:	VICE PRESIDENT		
ADDRESS:	2505 McCabe Way		
CITY/ST/ZIP/CO:	IRVINE, CA 92614		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID R CARMICHAEL		
TITLE:	DIRECTOR		
ADDRESS:	2505 McCabe Way		
CITY/ST/ZIP/CO:	IRVINE, CA 92614		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN GAEBEL		
TITLE:	DIRECTOR		
ADDRESS:	2505 McCabe Way		
CITY/ST/ZIP/CO:	IRVINE, CA 92614		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUD IMHOFF DIRECTOR 2505 McCabe Way IRVINE, CA 92614	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD E LINDSTROM DIRECTOR 2505 McCabe Way IRVINE, VA 92614	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS T TIERNEY DIRECTOR 2505 McCabe Way IRVINE, CA 92614	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVE M TODD DIRECTOR 2505 McCabe Way IRVINE, CA 92614	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ PAUL S PEATROSS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAUL S PEATROSS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/21/2014 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.			