

1.) CORPORATION NAME:

TIAA-CREF Life Insurance Company

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1378951**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 730 THIRD AVENUE

CITY/ST/ZIP: NEW YORK, NY 10017

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:	ANTHONY GARCIA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	730 THIRD AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10107		
NAME:	LINDA S DOUGHERTY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CFO		
ADDRESS:	8500 ANDREW CARNEGIE BLVD		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28262		
NAME:	JANET ACOSTA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST S		
ADDRESS:	730 THIRD AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		
NAME:	MARJORIE PIERRE MERRITT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	730 THIRD AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		
NAME:	JORGE GUTIERREZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	730 THIRD AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		
NAME:	DAVID ANDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	730 THIRD AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		

NAME: ELIZABETH D BLACK TITLE: DIRECTOR ADDRESS: 730 THIRD AVE CITY/ST/ZIP/CO: NEW YORK, NY 10017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MATTHEW KURZWEIL TITLE: DIRECTOR ADDRESS: 730 THIRD AVE CITY/ST/ZIP/CO: NEW YORK, NY 10017	<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/ JANET ACOSTA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JANET ACOSTA, ASST S PRINTED NAME AND CORPORATE TITLE	5/24/2012 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.		