

1.) CORPORATION NAME:

DUE DATE: **7/31/2012**

Settlers Life Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1403486**

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2 E GILMAN ST

CITY/ST/ZIP: MADISON, WI 53703-1494

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: MICHAEL W LOWE TITLE: PRES/COO/GC ADDRESS: P O BOX 1191 CITY/ST/ZIP/CO: MADISON, WI 53701	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT A MUCCI TITLE: VP/TRES ADDRESS: PO BOX 1191 CITY/ST/ZIP/CO: MADISON, WI 53701-1191	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOYCE A GEIGER TITLE: VICE PRESIDENT ADDRESS: PO BOX 1191 CITY/ST/ZIP/CO: MADISON, WI 53701-1191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRIAN J HOGAN TITLE: VICE PRESIDENT ADDRESS: PO BOX 1191 CITY/ST/ZIP/CO: MADISON, WI 53701-1191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DENIS J TAUSCHEK TITLE: VICE PRESIDENT ADDRESS: PO BOX 1191 CITY/ST/ZIP/CO: MADISON, WI 53701-1191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SHERRI A KLICZAK TITLE: CORP SEC ADDRESS: PO BOX 1191 CITY/ST/ZIP/CO: MADISON, WI 53701-1191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: JOHN D LARSON TITLE: CHAIRMAN/CEO ADDRESS: PO BOX 1191 CITY/ST/ZIP/CO: MADISON, WI 53701-1191	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MARK L SOLVERUD TITLE: VICE CHAIRMAN ADDRESS: PO BOX 1191 CITY/ST/ZIP/CO: MADISON, WI 53701-1191	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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/ BRIAN J HOGAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRIAN J HOGAN, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/10/2012 DATE
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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.