

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213533526

1.) CORPORATION NAME:

**Settlers Life Insurance Company**

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1403486**

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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 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:	MATHEW J DEW III	
TITLE:	CORP SEC	
ADDRESS:	PO BOX 1191	
CITY/ST/ZIP/CO:	MADISON, WI 53701-1191	

NAME: JOHN D LARSON TITLE: DIRECTOR ADDRESS: PO BOX 1191 CITY/ST/ZIP/CO: MADISON, WI 53701-1191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MARK L SOLVERUD TITLE: 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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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	7/19/2013 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.