

1.) CORPORATION NAME: **STERLING LIFE INSURANCE COMPANY** DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **REGISTERED AGENT SOLUTIONS, INC.** SCC ID NO: **F1478033**

**7288 HANOVER GREEN DRIVE**  
**MECHANICSVILLE, VA 23111**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2219 Rimland Blvd  
CITY/ST/ZIP: Bellingham, WA 98226

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 A MUCHNICKI		
TITLE: P/CEO		
ADDRESS: 2219 RIMLAND DRIVE		
CITY/ST/ZIP/CO: BELLINGHAM, WA 98226		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CRAIG BODWAY		
TITLE: ASST SEC		
ADDRESS: 2219 RIMLAND DRIVE		
CITY/ST/ZIP/CO: BELLINGHAM, WA 98226		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: IGNACIO RIVERA		
TITLE: ASST SECRETARY		
ADDRESS: 555 COLLEGE ROAD EAST		
CITY/ST/ZIP/CO: PRINCETON, NJ 08543		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GARY H BOYD		
TITLE: CAO		
ADDRESS: 2219 RIMLAND DRIVE		
CITY/ST/ZIP/CO: BELLINGTON, WA 98226		

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/ IGNACIO RIVERA	IGNACIO RIVERA, ASST SECRETARY	6/21/2012
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.