

1.) CORPORATION NAME: <b>Corvesta Life Insurance Company</b>	DUE DATE: <b>6/30/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>REGISTERED AGENT SOLUTIONS, INC.          7288 HANOVER GREEN DRIVE          MECHANICSVILLE, VA</b>	SCC ID NO: <b>F1550260</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>12,500,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	12,500,000
CLASS	AUTHORIZED				
COMMON	12,500,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>AZ</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4818 STARKEY RD

CITY/ST/ZIP: ROANOKE, VA 24018-8542

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: GEORGE A LEVICKI DDS TITLE: PRESIDENT ADDRESS: 4818 STARKEY RD CITY/ST/ZIP/CO: ROANOKE, VA 24018		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL W WISE TITLE: SEC/TREAS ADDRESS: 4818 STARKEY RD CITY/ST/ZIP/CO: ROANOKE, VA 24018-8542		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LYNDELL BAYNE BROOKS TITLE: DIRECTOR ADDRESS: 4818 STARKEY RD CITY/ST/ZIP/CO: ROANOKE, VA 24018-8542		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GORDON LEWELLYN GENTRY JR TITLE: DIRECTOR ADDRESS: 4818 STARKEY RD CITY/ST/ZIP/CO: ROANOKE, VA 24018-8542		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICK NOEL SHAFFNER TITLE: DIRECTOR ADDRESS: 4818 STARKEY RD CITY/ST/ZIP/CO: ROANOKE, VA 24018		

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/ GEORGE A LEVICKI DDS	GEORGE A LEVICKI DDS, PRESIDENT	5/22/2015
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.