

1.) CORPORATION NAME:

American Continental Insurance Company

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1713975**

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:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 CRESCENT CENTRE DRIVE
SUITE 200

CITY/ST/ZIP: FRANKLIN, TN 37067

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: | TYREE SCOTT WOOLDRIDGE | |
| TITLE: | PRES/CEO | |
| ADDRESS: | 800 CRESCENT CENTRE DRIVE SUITE 200 | |
| CITY/ST/ZIP/CO: | FRANKLIN, TN 37067 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | ELAINE ROSE COFRANCESCO | |
| TITLE: | VP/TREASURER | |
| ADDRESS: | 800 CRESCENT CENTRE DRIVE SUITE 200 | |
| CITY/ST/ZIP/CO: | FRANKLIN, TN 37067 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | STEVEN LOUIS HENDRICH | |
| TITLE: | SVP/Sec | |
| ADDRESS: | 800 CRESCENT CENTRE DRIVE SUITE 200 | |
| CITY/ST/ZIP/CO: | FRANKLIN, TN 37067 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | STEPHEN BURNETT JONES | |
| TITLE: | CFO | |
| ADDRESS: | 800 CRESCENT CENTRE DRIVE SUITE 200 | |
| CITY/ST/ZIP/CO: | FRANKLIN, TN 37067 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | MICHAEL ALLEN ATCHISON | |
| TITLE: | SVP | |
| ADDRESS: | 800 CRESCENT CENTRE DRIVE SUITE 200 | |
| CITY/ST/ZIP/CO: | FRANKLIN, TN 37067 | |

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|-----------------|-------------------------------|---|-----------------------------------|
| NAME: | Edward Chung-I Lee | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VP/AS | | |
| ADDRESS: | 830 Crescent Centre Drive | | |
| CITY/ST/ZIP/CO: | Ste 200 Franklin, TN 37067 | | |

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/ Edward Chung-I Lee | Edward Chung-I Lee, VP/AS | 5/23/2014 |
| 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.