

1.) CORPORATION NAME:

**Amalgamated Life Insurance Company**

DUE DATE: **10/29/2010**

SCC ID NO: **F1726597**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 ROAD SUITE**

**GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	250,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 333 WESTCHESTER AVE

CITY/ST/ZIP: WHITE PLAINS, NY 10604-

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: DAVID WALSH  
TITLE: PRESIDENT  
ADDRESS: 333 WESTCHESTER AVE  
CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604-

OFFICER

DIRECTOR

NAME: NINA CHAKRABORTY  
TITLE: VICE PRESIDENT  
ADDRESS: 333 WESTCHESTER AVE  
CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604-

OFFICER

DIRECTOR

NAME: MICHAEL HIRSCH  
TITLE: EX VP  
ADDRESS: 333 WESTCHESTER AVE  
CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604-

OFFICER

DIRECTOR

NAME: MARK SCHWARTZ  
TITLE: SEC/TREAS  
ADDRESS: 333 WESTCHESTER AVE  
CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604-

OFFICER

DIRECTOR

NAME: BRUCE RAYNOR  
TITLE: DIRECTOR  
ADDRESS: 31 WEST 15TH ST  
2ND FLOOR  
CITY/ST/ZIP/CO: NEW YORK, NY 10011-

OFFICER

DIRECTOR

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.

<u>/s/ MARK SCHWARTZ</u>	<u>MARK SCHWARTZ, SEC/TREAS</u>	<u>10/12/2010</u>
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.