

1.) CORPORATION NAME: <b>Amalgamated Life Insurance Company</b>	DUE DATE: <b>10/31/2012</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 ROAD SUITE GLEN ALLEN, VA 23060</b>	SCC ID NO: <b>F1726597</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: <b>NY</b>	<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>250,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	250,000
CLASS	AUTHORIZED				
COMMON	250,000				

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<br>TITLE: PRESIDENT<br>ADDRESS: 333 WESTCHESTER AVE<br>CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604           | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: NINA CHAKRABORTY<br>TITLE: VICE PRESIDENT<br>ADDRESS: 333 WESTCHESTER AVE<br>CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: MICHAEL HIRSCH<br>TITLE: EX VP<br>ADDRESS: 333 WESTCHESTER AVE<br>CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604            | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: MARK SCHWARTZ<br>TITLE: SEC/TREAS<br>ADDRESS: 333 WESTCHESTER AVE<br>CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604         | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: NOEL BEASLEY<br>TITLE: DIRECTOR<br>ADDRESS: 333 SOUTH ASHLAND AVENUE<br>CITY/ST/ZIP/CO: CHICAGO, IL 60607           | <input type="checkbox"/>            | OFFICER | <input checked="" type="checkbox"/> | 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.

/s/ MARK SCHWARTZ	MARK SCHWARTZ, SEC/TREAS	10/16/2012
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.