

1.) CORPORATION NAME:

Presidential Life Insurance Company - USA

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1843087**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 215 10th Street
Suite 1100

CITY/ST/ZIP: Des Moines, IA 50309

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: Michael Miller TITLE: PRESIDENT ADDRESS: 215 10th Street Suite 1100 CITY/ST/ZIP/CO: Des Moines, IA 50309	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: John Fowler TITLE: CFO ADDRESS: 215 10th Street Suite 1100 CITY/ST/ZIP/CO: Des Moines, IA 50309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Maureen Closson TITLE: SECRETARY ADDRESS: 215 10th Street Suite 1100 CITY/ST/ZIP/CO: Des Moines, IA 50309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Allan Levine TITLE: DIRECTOR ADDRESS: 215 10th Street Suite 1100 CITY/ST/ZIP/CO: Des Moines, IA 50309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Richard Spencer TITLE: DIRECTOR ADDRESS: 215 10th Street Suite 1100 CITY/ST/ZIP/CO: Des Moines, IA 50309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	Nicholas von Moltke	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	215 10th Street		
	Suite 1100		
CITY/ST/ZIP/CO:	Des Moines , IA 50309		

NAME:	Gilles Dellaert	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	215 10th Street		
	Suite 1100		
CITY/ST/ZIP/CO:	Des Moines, IA 50309		

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/ Maureen Closson	Maureen Closson, SECRETARY	11/22/2013
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.