



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000132393

2. Name of Corporation WESTWARD LIFE INSURANCE COMPANY

3. Street Address Principal Business Office:

No. and Street: 4818 STARKEY ROAD

City or Town: ROANOKE

State: VA

Zip: 24018

Country: USA

4. Business Phone No.

540.989.8000; EXT. 3389

5. State of Incorporation

State: AZ

6. Brief Description of the Character of Business Conducted in Rhode Island

LIFE AND HEALTH INSURANCE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GEORGE A. LEVICKI	4818 STARKEY ROAD ROANOKE, VA 24018 USA
TREASURER	MICHAEL W. WISE	4818 STARKEY ROAD ROANOKE, VA 24018 USA
SECRETARY	MICHAEL W. WISE	4818 STARKEY ROAD ROANOKE, VA 24018 USA
DIRECTOR	LYNDELL B. BROOKS	4818 STARKEY ROAD ROANOKE, VA 24018 USA
DIRECTOR	GORDON L. GENTRY	4818 STARKEY ROAD ROANOKE, VA 24018 USA
DIRECTOR	PATRICK SHAFFNER	4818 STARKEY ROAD ROANOKE, VA 24018 USA
DIRECTOR	GEORGE A. LEVICKI	4818 STARKEY ROAD ROANOKE, VA 24018 USA
DIRECTOR	MICHAEL W. WISE	4818 STARKEY ROAD ROANOKE, VA 24018 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.2000	12,500,000.00	12500000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 17 Day of August, 2012 at 11:24:12 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MICHAEL W. WISE
Signature of Authorized Representative of the Corporation

SECRETARY/TREASURER
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

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