The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

					OMB APPROVAL
UNITED STA		S AND EXCHAN on, D.C. 20549 ORM D	NGE COMMI	SSION	OMB 3235- Number: 0076
	Notice of Exemp	t Offering of Sect	urities		Estimated average burden hours per 4.00 response:
1. Issuer's Identity					
CIK (Filer ID Number)	Previous Names	X None			Entity Type
0001575434				X Corporation	on
Name of Issuer				Limited P	-
Vericity, Inc. Jurisdiction of				Limited L General P	iability Company
Incorporation/Organization				Business	-
DELAWARE Year of Incorporation/Org	(anization			Other (Sp	ecify)
X Over Five Years Ago Within Last Five Years (Specify Y Yet to Be Formed					
2. Principal Place of Business and Co	ntact Information				
Name of Issuer					
Vericity, Inc.					
Street Address 8700 W. BRYN MAWR AVE.	1	SUITE 900S	Street	Address 2	
	/Province/Country		stalCode	Phone Nur	nber of Issuer
CHICAGO ILLINO	DIS	60631		312-379-239	7
3. Related Persons					
Last Name		st Name	_	Middle Na	ame
Hohmann Street Address 1	James Street	Address 2	E		
8700 W. BRYN MAWR AVE.	SUITE 900S	7 Hull C55 2			
City		vince/Country		ZIP/Postal	Code
CHICAGO Relationship: X Executive Officer X	ILLINOIS Director Promo	ter	60631		
Clarification of Response (if Necessar					
Director, Chief Executive Officer, and					
Last Name		st Name		Middle Na	ame
Harkensee	James	-	С	1	
Street Address 1		Address 2			
8700 W. BRYN MAWR AVE. City	SUITE 900S State/Pro	vinco/Counter		ZIP/Postal	Cada
CHICAGO	ILLINOIS	vince/Country	60631		συας

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Executive Vice President

Last Name	First Name		Middle Name
Kim	Chris	S	
Street Address 1	Street Address 2		
700 W. BRYN MAWR AVE. City	SUITE 900S State/Province/Country		ZIP/PostalCode
HICAGO	ILLINOIS	60631	
elationship: X Executive Officer			
arification of Response (if Necess	ary):		
ecutive Vice President, Chief Fin	ancial Officer, and Treasurer		
Last Name	First Name		Middle Name
Buchanan	John	E	
Street Address 1	Street Address 2		
3700 W. BRYN MAWR AVE.	SUITE 900S State/Province/Country		ZIP/PostalCode
City CHICAGO	State/Province/Country ILLINOIS	60631	
Relationship: X Executive Officer		55001	
arification of Response (if Necess			
xecutive Vice President, General C			
Last Name	First Name		Middle Name
Campbell	Chris	Е	mane munic
Street Address 1	Street Address 2		
3700 W. BRYN MAWR AVE.	SUITE 900S		
City	State/Province/Country		ZIP/PostalCode
HICAGO	ILLINOIS	60631	
elationship: X Executive Officer	Director Promoter		
larification of Response (if Necess	ary):		
xecutive Vice President			
Last Name	First Name		Middle Name
Zimmerman	Laura	R.	
		14.	
Street Address 1	Street Address 2	14,	
700 W. BRYN MAWR AVE.	SUITE 900S	1.	71D/Dac4a1Ca-1-
700 W. BRYN MAWR AVE. City	SUITE 900S State/Province/Country		ZIP/PostalCode
700 W. BRYN MAWR AVE. City CHICAGO	SUITE 900S State/Province/Country ILLINOIS	60631	ZIP/PostalCode
3700 W. BRYN MAWR AVE. City CHICAGO Relationship: X Executive Officer	SUITE 900S State/Province/Country ILLINOIS Director Promoter		ZIP/PostalCode
3700 W. BRYN MAWR AVE.	SUITE 900S State/Province/Country ILLINOIS Director Promoter ary):		ZIP/PostalCode
3700 W. BRYN MAWR AVE. City CHICAGO Relationship: X Executive Officer Clarification of Response (if Necess Executive Vice President and Chief	SUITE 900S State/Province/Country ILLINOIS Director Promoter ary):		ZIP/PostalCode Middle Name
3700 W. BRYN MAWR AVE. City CHICAGO Relationship: X Executive Officer Clarification of Response (if Necess	SUITE 900S State/Province/Country ILLINOIS Director Promoter ary): Marketing Officer		
3700 W. BRYN MAWR AVE. City CHICAGO Relationship: X Executive Officer Clarification of Response (if Necess Executive Vice President and Chief Last Name	SUITE 900S State/Province/Country ILLINOIS Director Promoter ary): Marketing Officer First Name	60631	
700 W. BRYN MAWR AVE. City CHICAGO Relationship: X Executive Officer larification of Response (if Necess xecutive Vice President and Chief Last Name Hemmings Street Address 1	SUITE 900S State/Province/Country ILLINOIS Director Promoter ary): Marketing Officer First Name Richard	60631	
8700 W. BRYN MAWR AVE. City CHICAGO Relationship: X Executive Officer Clarification of Response (if Necess Executive Vice President and Chief Last Name Hemmings	SUITE 900S State/Province/Country ILLINOIS Director Promoter ary): Marketing Officer First Name Richard Street Address 2	60631	

Clarification of Response (if Necessary):

Last Name Schacht	First Name James	W	Middle Name
Street Address 1	Street Address 2	vv	
8700 W. BRYN MAWR AVE.	SUITE 900S		
City	State/Province/Country		ZIP/PostalCode
CHICAGO	ILLINOIS	60631	
Relationship: Executive Officer			
-			
Clarification of Response (if Neces	sary):		
Last Name	First Name		Middle Name
Rahe	Eric	E	
Street Address 1	Street Address 2		
8700 W. BRYN MAWR AVE.	SUITE 900S		
City	State/Province/Country		ZIP/PostalCode
CHICAGO	ILLINOIS	60631	
Relationship: Executive Officer	X Director Promoter		
Clarification of Response (if Neces	sary):		
Last Name	First Name		Middle Name
Dong	Calvin	Е	
Street Address 1	Street Address 2		
8700 W. BRYN MAWR AVE.	SUITE 900S		
City	State/Province/Country		ZIP/PostalCode
-	ILLINOIS	60601	
CHICAGO	ILLINUIS	60631	
		60631	
Relationship: Executive Officer Clarification of Response (if Neces	X Director Promoter sary):	60631	
CHICAGO Relationship: Executive Officer Clarification of Response (if Neces Last Name	X Director Promoter sary): First Name		Middle Name
Relationship: Executive Officer Clarification of Response (if Neces Last Name Perry	X Director Promoter sary): First Name Scott	60631 E	Middle Name
Relationship: Executive Officer Clarification of Response (if Necess Last Name Perry Street Address 1	X Director Promoter sary): Scott Scott Street Address 2		Middle Name
Relationship: Executive Officer Clarification of Response (if Neces Last Name Perry Street Address 1 8700 W. BRYN MAWR AVE.	X Director Promoter sary): First Name Scott Street Address 2 SUITE 900S		
Relationship: Executive Officer Clarification of Response (if Necess Last Name Perry Street Address 1 8700 W. BRYN MAWR AVE. City	X Director Promoter sary): First Name Scott Street Address 2 SUITE 900S State/Province/Country	E	Middle Name ZIP/PostalCode
Relationship: Executive Officer Clarification of Response (if Necess Last Name Perry Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO	X Director Promoter sary): First Name Scott SUITE 900S State/Province/Country ILLINOIS		
Relationship: Executive Officer Clarification of Response (if Necess Last Name Perry Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO	X Director Promoter sary): First Name Scott Street Address 2 SUITE 900S State/Province/Country	E	
Relationship: Executive Officer Clarification of Response (if Necess Last Name Perry Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO Relationship: Executive Officer	X Director Promoter sary): First Name Scott Street Address 2 SUITE 900S State/Province/Country ILLINOIS X Director Promoter	E	
Relationship: Executive Officer Clarification of Response (if Necess Last Name Perry Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO Relationship: Executive Officer	X Director Promoter sary): First Name Scott Street Address 2 SUITE 900S State/Province/Country ILLINOIS X Director Promoter	E	
Relationship: Executive Officer Clarification of Response (if Necess Last Name Perry Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO Relationship: Executive Officer Clarification of Response (if Necess	X Director Promoter sary): First Name Scott SUITE 900S State/Province/Country ILLINOIS X Director Promoter sary):	E	ZIP/PostalCode
Relationship: Executive Officer Clarification of Response (if Necess Last Name Perry Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO Relationship: Executive Officer Clarification of Response (if Necess	X Director Promoter sary): First Name Scott Street Address 2 SUITE 900S State/Province/Country ILLINOIS X Director Promoter sary): First Name	E 60631	ZIP/PostalCode
Relationship: Executive Officer Clarification of Response (if Necess Last Name Perry Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO Relationship: Executive Officer Clarification of Response (if Necess Last Name Ashe Street Address 1	X Director Promoter sary): First Name Scott Street Address 2 SUITE 900S State/Province/Country ILLINOIS X Director Promoter sary): First Name Neil	E 60631	ZIP/PostalCode
Relationship: Executive Officer Clarification of Response (if Necess Last Name Perry Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO Relationship: Executive Officer Clarification of Response (if Necess Last Name Ashe Street Address 1	X Director Promoter sary): First Name Scott Street Address 2 SUITE 900S State/Province/Country ILLINOIS X Director Promoter sary): First Name Neil Street Address 2 Street Address 3 Street Addres Stree	E 60631	ZIP/PostalCode
Relationship: Executive Officer Clarification of Response (if Necess Last Name Perry Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO Relationship: Executive Officer Clarification of Response (if Necess Last Name Ashe Street Address 1 8700 W. BRYN MAWR AVE. City	X Director Promoter sary): First Name Scott Scott Street Address 2 SUITE 900S State/Province/Country ILLINOIS X Director Promoter sary): First Name Neil Street Address 2 SUITE 900S	E 60631	ZIP/PostalCode Middle Name
Relationship: Executive Officer Clarification of Response (if Necess Last Name Perry Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO Relationship: Executive Officer Clarification of Response (if Necess Last Name Ashe Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO	X Director Promoter sary): First Name Scott Scott Street Address 2 SUITE 900S State/Province/Country ILLINOIS X Director Promoter sary): First Name Neil Street Address 2 SUITE 900S State/Province/Country ILLINOIS	E 60631 E	ZIP/PostalCode Middle Name
Relationship: Executive Officer Clarification of Response (if Necess Last Name Perry Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO Relationship: Executive Officer Clarification of Response (if Necess Last Name Ashe Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO	X Director Promoter sary): First Name Scott Street Address 2 SUITE 900S State/Province/Country ILLINOIS X Director Promoter sary): First Name Neil Street Address 2 SUITE 900S State/Province/Country ILLINOIS X Director Promoter	E 60631 E	ZIP/PostalCode Middle Name
Relationship: Executive Officer Clarification of Response (if Necess) Last Name Perry Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO Relationship: Executive Officer Clarification of Response (if Necess) Last Name Ashe Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO Response (if Necess) Chiral Component (if Necess) Chiral Component (if Necess) Ashe Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO Relationship: Executive Officer	X Director Promoter sary): First Name Scott Street Address 2 SUITE 900S State/Province/Country ILLINOIS X Director Promoter sary): First Name Neil Street Address 2 SUITE 900S State/Province/Country ILLINOIS X Director Promoter	E 60631 E	ZIP/PostalCode Middle Name
Relationship: Executive Officer Clarification of Response (if Necess) Last Name Perry Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO Relationship: Executive Officer Clarification of Response (if Necess) Last Name Ashe Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO Relationship: Executive Officer Clarification of Response (if Necess) Ashe Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO Relationship: Executive Officer Clarification of Response (if Necess) 4. Industry Group	X Director Promoter sary): First Name Scott Scott Street Address 2 SUITE 900S State/Province/Country ILLINOIS X Director Promoter sary): First Name Neil Street Address 2 SUITE 900S State/Province/Country ILLINOIS X Director Promoter sary):	E 60631 E 60631	ZIP/PostalCode Middle Name
Relationship: Executive Officer Clarification of Response (if Necess Last Name Perry Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO Relationship: Executive Officer Clarification of Response (if Necess Last Name Ashe Street Address 1 8700 W. BRYN MAWR AVE. City CHICAGO Relationship: Executive Officer Clarification of Response (if Necess	X Director Promoter sary): First Name Scott Street Address 2 SUITE 900S State/Province/Country ILLINOIS X Director Promoter sary): First Name Neil Street Address 2 SUITE 900S State/Province/Country ILLINOIS X Director Promoter	E 60631 E	ZIP/PostalCode Middle Name

Commercial Banking X Insurance Investing Investment Banking Pooled Investment Fund Is the issuer registered as an investment company under the Investment Company Act of 1940? Yes No Other Banking & Financial Servi Business Services Energy Coal Mining Electric Utilities Energy Conservation Environmental Services Oil & Gas	Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care Manufacturing Real Estate Commercial Construction ices REITS & Finance Residential Other Real Estate	Restaurants Technology Computers Telecomm Other Tech Travel Airlines & Lodging & Tourism & Other Trav Other
Off & Gas		

Other Energy

5. Issuer Size

ıe Range
-

Computers

Telecommunications Other Technology

Airlines & Airports

Other Travel

Lodging & Conventions Tourism & Travel Services

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

	X Investment Company Act Section 3(c)		
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)	Section 3(c)(9)	
Rule 504 (b)(1)(i) Rule 504 (b)(1)(ii)	Section 3(c)(2)	Section 3(c)(10)	
	X Section 3(c)(3)	Section 3(c)(11)	
Rule 504 (b)(1)(iii) X Rule 506(b)	Section 3(c)(4)	Section 3(c)(12)	
Rule 506(c)	Section 3(c)(5)	Section 3(c)(13)	
Securities Act Section 4(a)(5)	Section 3(c)(6)	Section 3(c)(14)	
	Section 3(c)(7)		

7. Type of Filing

- X New Notice Date of First Sale 2019-08-07 First Sale Yet to Occur Amendment
- 8. Duration of Offering

9. Type(s) of Securities Offered (select all that app	ply)			
X Equity Debt Option, Warrant or Other Right to Acquire And Security to be Acquired Upon Exercise of Opti Other Right to Acquire Security		5 1 5	on Securities	
10. Business Combination Transaction				
Is this offering being made in connection with a b a merger, acquisition or exchange offer?	ousiness co	mbination transaction, suc	h as Yes X No	
Clarification of Response (if Necessary):				
11. Minimum Investment				
Minimum investment accepted from any outside i	investor \$1	l0 USD		
12. Sales Compensation				
Recipient		Recipient CRD Number	None	
Raymond James & Associates, Inc.	5	705		
(Associated) Broker or Dealer X None		(Associated) Broker or De	aler CRD Number X None	
None		None		
Street Address 1		Street A	Address 2	
222 Riverside Plaza Suite 700				
City	S	State/Province/Country		ZIP/Postal Code
Chicago]	ILLINOIS		60606
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	All States	Foreign/non-US		
NEW YORK				
Recipient		Recipient CRD Number	None	
Griffin Financial Group, LLC	1	119004		
(Associated) Broker or Dealer X None		(Associated) Broker or De	ealer CRD Number X None	
None	I	None		
Street Address 1		Street A	Address 2	
620 Freedom Business Center Suite 200				
City		State/Province/Country		ZIP/Postal Code
King of Prussia	1	PENNSYLVANIA		19406
Check "All States" or check individual States	All States	Foreign/non-US		
NEW YORK				

13. Offering and Sales Amounts

Total Offering Amount \$113,733,520 USD or Indefinite Total Amount Sold \$113,733,520 USD Total Remaining to be Sold \$0 USD or Indefinite

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering.

IF

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Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$3,412,006 USD	Estimate
Finders' Fees	\$0 USD	Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Vericity, Inc.	/s/ John Buchanan	John Buchanan	EVP, General Counsel, and Corporate Secretary	2019-08-07

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

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