

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 807395

**FILED  
Apr 17, 2015  
Secretary of State  
CC9564915154**

**Entity Name:** PRIMERICA LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

1 PRIMERICA PARKWAY  
DULUTH, GA 30099

**Current Mailing Address:**

C/O DORIS GUIDRY  
1 PRIMERICA PARKWAY  
DULUTH, GA 30099 US

**FEI Number:** 04-1590590

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PRES, DIRECTOR  
Name CHADWICK, DAVID T  
Address 1 PRIMERICA PARKWAY  
City-State-Zip: DULUTH GA 30099

Title AS  
Name TROLLINGER, JUDY R  
Address 1 PRIMERICA PARKWAY  
City-State-Zip: DULUTH GA 30099

Title CFO, DIRECTOR  
Name RAND, ALISON S  
Address 1 PRIMERICA PARKWAY  
City-State-Zip: DULUTH GA 30099

Title AS  
Name WRIGHT, DAVID  
Address 1 PRIMERICA PARKWAY  
City-State-Zip: DULUTH GA 30099

Title SEC  
Name GEER, STACEY K  
Address 1 PRIMERICA PARKWAY  
City-State-Zip: DULUTH GA 30099

Title VP, DIRECTOR  
Name PITTS, GREGORY C  
Address 1 PRIMERICA PARKWAY  
City-State-Zip: DULUTH GA 30099

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUDY R TROLLINGER

**ASSISTANT SECRETARY 04/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date