

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 819653

**Entity Name:** ACE LIFE INSURANCE COMPANY**Current Principal Place of Business:**TWO STAMFORD PLAZA, 281 TRESSER BLVD.  
SUITE 500  
STAMFORD, CT 06901-3264**Current Mailing Address:**436 WALNUT SREET  
PHILADELPHIA, PA 19106 US**FEI Number:** 22-1771521**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES STREET  
TALLAHASSEE, FL 32399 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	CP
Name	LINDNER, ARI
Address	1133 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036

Title	D
Name	BUTHE, MICHAEL
Address	1133 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036

Title	AS
Name	TACCA, THERESA M
Address	510 WALNUT ST
City-State-Zip:	PHILADELPHIA PA 19106

Title	VP, GENERAL COUNSEL,
Name	DONSELAAR, ANNETTE
Address	1133 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036

Title	AS
Name	SCHLINDWEIN, MATTHEW G
Address	510 WALNUT STREET
City-State-Zip:	PHILADELPHIA PA 19106

Title	ASST. SECRETARY
Name	GIGANTI, CARMINE A
Address	436 WALNUT STREET
City-State-Zip:	PHILADELPHIA PA 19106

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:** CARMINE A. GIGANTI

ASST. SEC'TY

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date