

2019 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 OFFICE
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:** JOSEPH C. FORREST

01/08/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title	VP, GENERAL COUNSEL, SECRETARY
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	SCHWEIDEL, JULIET E
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: JULIET SCHWEIDEL

ASSISTANT SECRETARY 01/08/2019

Electronic Signature of Signing Officer/Director Detail

Date