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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

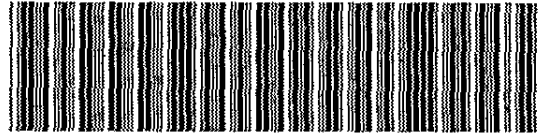
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Atlantic Coast Life Insurance Company

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Y. W. Scarborough, III

(Name of Person)

Atlantic Coast Life Insurance Company

(Firm/Company)

P. O. Box 20010

(Address)

Charleston, SC 29413-0010

(City/State and Zip code)

For further information concerning this matter, please call:

Y. W. Scarborough, III at (843) 763-8680 ext. 3034

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Atlantic Coast Life Insurance Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. South Carolina

(State or country under the law of which it is incorporated)

3. 57-0117260

(FEI number, if applicable)

4. February 4, 1925

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Have not transacted business. In process of applying for Certificate.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1565 Sam Rittenberg Blvd. Charleston, SC 29407

(Principal office address)

P. O. Box 20010 Charleston, SC 29413-0010

(Current mailing address)

8. Life Insurance Company---selling Life, A & H and Credit

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C. T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dale W. Morris

(Registered agent's signature)

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: Y. W. Scarborough, Jr., CLU

Address: Atlantic Coast Life Insurance Company
P.O. Box 20010 Charleston, SC 29413-0010

Vice Chairman: NONE

Address: _____

Director: R. B. Scarborough

Address: Atlantic Coast Life Insurance Company
P. O. Box 20010 Charleston, SC 29413-0010

Director: Y. W. Scarborough, III, LLIF

Address: Atlantic Coast Life Insurance Company
P. O. Box 20010 Charleston, SC 29413-0010

B. OFFICERS

President: Y. W. Scarborough, III, LLIF

Address: Atlantic Coast Life Insurance Company
P. O. Box 20010 Charleston, SC 29413-0010

Vice President: Deborah M. Rose, CPA

Address: Atlantic Coast Life Insurance Company
P. O. Box 20010 Charleston, SC 29413-0010

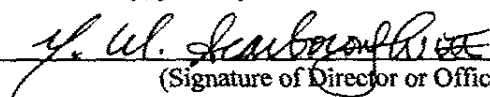
Secretary: Wallace B. Scarborough

Address: P. O. Box 20010 Charleston, SC 29413-0010

Treasurer: George C. Scarborough, FLMI

Address: P. O. Box 20010 Charleston, SC 29413-0010

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Y. W. SCARBOROUGH, III PRESIDENT AND CEO
(Typed or printed name and capacity of person signing application)

ADDENDUM TO:

**APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Director: George C. Scarborough, FLMI
Address: Atlantic Coast Life Insurance Company
P. O. Box 20010 Charleston, SC 29413-0010

Director: Wallace B. Scarborough
Address: Atlantic Coast Life Insurance Company
P. O. Box 20010 Charleston, SC 29413-0010

Director: R. B. Scarborough, Jr.
Address: Atlantic Coast Life Insurance Company
P. O. Box 20010 Charleston, SC 29413-0010

B. OFFICERS

Vice President: Charles E. Sanders, CLU, ChFC, LLIF
Address: Atlantic Coast Life Insurance Company
P. O. Box 20010 Charleston, SC 29413-0010

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The State of South Carolina



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Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

ATLANTIC COAST LIFE INSURANCE COMPANY,
a corporation duly organized under the laws of the State of South Carolina on February 4th, 1925, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
9th day of June, 2006.


Mark Hammond, Secretary of State