


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90158 009 ***150.00

DOCUMENT # F06000005111

1. Entity Name
ATLANTIC COAST LIFE INSURANCE COMPANY




Principal Place of Business
**1565 SAM RITTENBERG BLVD
 CHARLESTON, SC 29407**

Mailing Address
**P.O. BOX 20010
 CHARLESTON, SC 29413-0010**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04292008 Chg-P CR2E034 (12/06)

4. FEI Number
57-0117260

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C.T. CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	SCARBOROUGH, Y.W. JR	
STREET ADDRESS	P.O. BOX 20010	
CITY-ST-ZIP	CHARLESTON, SC 294130010	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCARBOROUGH, R.B.	
STREET ADDRESS	P.O. BOX 20010	
CITY-ST-ZIP	CHARLESTON, SC 294130010	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROSE, DEBORAH M CPA	
STREET ADDRESS	P.O. BOX 20010	
CITY-ST-ZIP	CHARLESON, SC 294130010	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCARBOROUGH, WALLACE B	
STREET ADDRESS	P.O. BOX 20010	
CITY-ST-ZIP	CHARLESTON, SC 29413	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCARBOROUGH, GEORGE C	
STREET ADDRESS	P.O. BOX 20010	
CITY-ST-ZIP	CHARLESTON, SC 29413	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCARBOROUGH, Y.W. III	
STREET ADDRESS	P.O. BOX 20010	
CITY-ST-ZIP	CHARLESTON, SC 29413	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sanders, Charles E.	
STREET ADDRESS	P.O. Box 20010	
CITY-ST-ZIP	Charleston, SC 29413-0010	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Y. W. Scarborough, III* **Y. W. Scarborough, III** **04/29/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #