

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005111

FILED
Apr 29, 2009
Secretary of State

Entity Name: ATLANTIC COAST LIFE INSURANCE COMPANY

Current Principal Place of Business:

1565 SAM RITTENBERG BLVD
CHARLESTON, SC 29407

New Principal Place of Business:

1565 SAM RITTENBERG BLVD
CHARLESTON, SC 29407 US

Current Mailing Address:

P.O. BOX 20010
CHARLESTON, SC 294130010

New Mailing Address:

P.O. BOX 20010
CHARLESTON, SC 294130010 US

FEI Number: 57-0117260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SCARBOROUGH, Y.W. JR
Address: P.O. BOX 20010
City-St-Zip: CHARLESTON, SC 294130010

Title: V () Delete
Name: SANDERS, CHARLES E
Address: PO BOX 20010
City-St-Zip: CHARLESTON, SC 294130010

Title: V () Delete
Name: ROSE, DEBORAH M CPA
Address: P.O. BOX 20010
City-St-Zip: CHARLESON, SC 294130010

Title: S () Delete
Name: SCARBOROUGH, WALLACE B
Address: P.O. BOX 20010
City-St-Zip: CHARLESTON, SC 29413

Title: T () Delete
Name: SCARBOROUGH, GEORGE C
Address: P.O. BOX 20010
City-St-Zip: CHARLESTON, SC 29413

Title: P () Delete
Name: SCARBOROUGH, Y.W. III
Address: P.O. BOX 20010
City-St-Zip: CHARLESTON, SC 29413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: SCARBOROUGH, Y.W. III
Address: P.O. BOX 20010
City-St-Zip: CHARLESTON, SC 294130010

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: Y. W. SCARBOROUGH, III

P

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date