2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005111

Entity Name: ATLANTIC COAST LIFE INSURANCE COMPANY

FILED Apr 30, 2010 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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1565 SAM RITTENBERG BLVD CHARLESTON, SC 29407 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C

Name: SCARBOROUGH, Y.W. III Address: P.O. BOX 20010

City-St-Zip: CHARLESTON, SC 294130010

Title: \

Name: SANDERS, CHARLES E Address: PO BOX 20010

City-St-Zip: CHARLESTON, SC 294130010

Title: V

Name: ROSE, DEBORAH M CPA

Address: P.O. BOX 20010

City-St-Zip: CHARLESON, SC 294130010

Title: S

Name: SCARBOROUGH, WALLACE B

Address: P.O. BOX 20010 City-St-Zip: CHARLESTON, SC 29413

Title:

Name: SCARBOROUGH, GEORGE C

Address: P.O. BOX 20010

City-St-Zip: CHARLESTON, SC 29413

Title: F

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

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: Y. W. SCARBOROUGH, III CEO 04/30/2010