

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807562

Entity Name: PENNSYLVANIA LIFE INSURANCE COMPANY**Current Principal Place of Business:**ONE CVS DRIVE
WOONSOCKET, RI 02895**Current Mailing Address:**ONE CVS DRIVE
LEGAL DEPT
WOONSOCKET, RI 02895**FEI Number:** 23-1305366**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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

Officer/Director Detail :Title PD
Name MCDONALD, LLOYD D
Address 2211 SANDERS ROAD
City-State-Zip: NORTHBROOK IL 60062Title T
Name STRONG, ANTHONY G
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895Title D
Name LUND, HAROLD N
Address 2211 SANDERS ROAD
City-State-Zip: NORTHBROOK IL 60062Title VD
Name MARITAN, JAMES
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895Title S
Name BUCHANAN, MICHELE W
Address 9501 E SHEA BLVD
City-State-Zip: SCOTTSDALE AZ 85260Title D
Name MEEK, TODD
Address 2211 SANDERS ROAD
City-State-Zip: NORTHBROOK IL 60062

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: MICHELE BUCHANAN**SECRETARY****04/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date