

2016 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 60062

Title	T
Name	STRONG, ANTHONY G
Address	ONE CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

Title	D
Name	LUND, HAROLD N
Address	2211 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062

Title	VD
Name	MARITAN, JAMES
Address	ONE CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

Title	S
Name	BUCHANAN, MICHELE W
Address	9501 E SHEA BLVD
City-State-Zip:	SCOTTSDALE AZ 85260

Title	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****04/20/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date