

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003006

Entity Name: CORVESTA LIFE INSURANCE COMPANY**Current Principal Place of Business:**4818 STARKEY ROAD
ROANOKE, VA 24018-8542**Current Mailing Address:**4818 STARKEY ROAD
ROANOKE, VA 24018-8542 US**FEI Number:** 86-0201136**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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:** ART FLORES, ASSISTANT SECRETARY

02/23/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	LEVICKI, GEORGE A
Address	4818 STARKEY ROAD
City-State-Zip:	ROANOKE VA 24018-8542

Title	STD
Name	WISE, MICHAEL W
Address	4818 STARKEY ROAD
City-State-Zip:	ROANOKE VA 24018-8542

Title	D
Name	GENTRY, GORDON L
Address	4818 STARKEY ROAD
City-State-Zip:	ROANOKE VA 24018-8542

Title	D
Name	BROOKS, LYNDELL B
Address	4818 STARKEY ROAD
City-State-Zip:	ROANOKE VA 24018-8542

Title	D
Name	SHAFFNER, PATRICK N
Address	4818 STARKEY ROAD
City-State-Zip:	ROANOKE VA 24018-8542

Title	ASSISTANT SECRETARY
Name	MCINTOSH, CHAD
Address	4818 STARKEY ROAD
City-State-Zip:	ROANOKE VA 24018-8542

Title	ASSISTANT TREASURER
Name	BARKER, JAMES
Address	4818 STARKEY ROAD
City-State-Zip:	ROANOKE VA 24018-8542

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: CHAD MCINTOSH

ASSISTANT SECRETARY 02/23/2014

Electronic Signature of Signing Officer/Director Detail

Date