

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005111

**Entity Name:** ATLANTIC COAST LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

1565 SAM RITTENBERG BLVD  
CHARLESTON, SC 29407

**Current Mailing Address:**

P.O. BOX 20010  
CHARLESTON, SC 29413-0010 US

**FEI Number:** 57-0117260

**Certificate of Status Desired:** No

**Name and Address of Current 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:** CHARLES EDWARD SANDERS

01/26/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SANDERS, CHARLES E  
Address        P.O. BOX 20010  
City-State-Zip: CHARLESTON SC 29413-0010

Title            CEO  
Name            CATHCART, DANIEL B.  
Address        P.O. BOX 20010  
City-State-Zip: CHARLESTON SC 29413-0010

Title            TREASURER  
Name            LEMOS, SABRINA  
Address        257 E 200 S  
                  STE 725  
City-State-Zip: SALT LAKE CITY UT 84111

Title            EXECUTIVE VP OF BUSINESS  
                  DEVELOPMENT  
Name            GEORGE, DOUGLAS A.  
Address        P.O. BOX 20010  
City-State-Zip: CHARLESTON SC 29413-0010

Title            CHAIRMAN  
Name            KING, KENNETH  
Address        P.O. BOX 20010  
City-State-Zip: CHARLESTON SC 29413-0010

Title            CORPORATE SECRETARY  
Name            GETTMAN, JILL  
Address        257 EAST 200 SOUTH  
                  725  
City-State-Zip: SALT LAKE CITY UT 84111

*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:** CHARLES SANDERS

COMPLIANCE ANALYST

01/26/2022

Electronic Signature of Signing Officer/Director Detail

Date