

2014 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name SCARBOROUGH, Y.W. III
Address P.O. BOX 20010
City-State-Zip: CHARLESTON SC 29413-0010

Title VP
Name SANDERS, CHARLES E
Address PO BOX 20010
City-State-Zip: CHARLESTON SC 29413-0010

Title VP
Name ROSE, DEBORAH M CPA
Address P.O. BOX 20010
City-State-Zip: CHARLESON SC 29413-0010

Title PRESIDENT, CEO
Name SCARBOROUGH, WALLACE B
Address P.O. BOX 20010
City-State-Zip: CHARLESTON SC 29413

Title SECRETARY, TREASURER
Name SCARBOROUGH, GEORGE C
Address P.O. BOX 20010
City-State-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: WALLACE B. SCARBOROUGH

PRESIDENT & CEO

04/18/2014

Electronic Signature of Signing Officer/Director Detail

Date