

**2015 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**

**04/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date