

2021 FOREIGN PROFIT CORPORATION REINSTATEMENT

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

05/27/2021

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 SENIOR VICE PRESIDENT &
SECRETARY
Name SCARBOROUGH, GEORGE C
Address P.O. BOX 20010
City-State-Zip: CHARLESTON SC 29413

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

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

PRESIDENT

05/27/2021

Electronic Signature of Signing Officer/Director Detail

Date