

1.) CORPORATION NAME:

**PENNSYLVANIA LIFE INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

DUE DATE: **7/31/2011**

SCC ID NO: **F0097495**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE CVS DRIVE  
LEGAL DEPARTMENT

CITY/ST/ZIP: WOONSOCKET, RI 02895-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOHN WARDLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	ONE CVS DRIVE		
CITY/ST/ZIP/CO:	WOONSOCKET, RI 02895-		
NAME:	JAMES G MARITAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE CVS DRIVE		
CITY/ST/ZIP/CO:	WOONSOCKET, RI 02895-		
NAME:	LLOYD MCDONALD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE CVS DRIVE		
CITY/ST/ZIP/CO:	WOONSOCKET, RI 02895-		
NAME:	MARK S WEEKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE CVS DRIVE		
CITY/ST/ZIP/CO:	WOONSOCKET, RI 02895-		
NAME:	TODD MEEK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE CVS DRIVE		
CITY/ST/ZIP/CO:	WOONSOCKET, RI 02895-		

NAME: JOSEPH LAPINE TITLE: DIRECTOR ADDRESS: ONE CVS DRIVE CITY/ST/ZIP/CO: WOONSOCKET, RI 02895-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JEFFREY KNUDSEN TITLE: DIRECTOR ADDRESS: ONE CVS DRIVE CITY/ST/ZIP/CO: WOONSOCKET, RI 02895-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DAVID AZZOLINA TITLE: TREASURER ADDRESS: ONE CVS DRIVE CITY/ST/ZIP/CO: WOONSOCKET, RI 02895-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: NEIL LUND TITLE: ACTUARY ADDRESS: ONE CVS DRIVE CITY/ST/ZIP/CO: WOONSOCKET, RI 02895-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: MICHELE W BUCHANAN TITLE: SECRETARY ADDRESS: ONE CVS DRIVE CITY/ST/ZIP/CO: WOONSOCKET, RI 02895-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TERENCE M CORRIGAN TITLE: ASST TREASURER ADDRESS: ONE CVS DRIVE CITY/ST/ZIP/CO: WOONSOCKET, RI 02895-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHELE W BUCHANAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHELE W BUCHANAN, SECRETARY PRINTED NAME AND CORPORATE TITLE	8/2/2011 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.