

1.) CORPORATION NAME:

PENNSYLVANIA LIFE INSURANCE COMPANY

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F0097495**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LLOYD MCDONALD	
TITLE:	PRESIDENT	
ADDRESS:	ONE CVS DRIVE	
CITY/ST/ZIP/CO:	WOONSOCKET, RI 02895	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES G MARITAN	
TITLE:	VICE PRESIDENT	
ADDRESS:	ONE CVS DRIVE	
CITY/ST/ZIP/CO:	WOONSOCKET, RI 02895	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL MCNELIS	
TITLE:	VICE PRESIDENT	
ADDRESS:	ONE CVS DRIVE	
CITY/ST/ZIP/CO:	WOONSOCKET, RI 02895	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANTHONY G STRONG	
TITLE:	TREASURER	
ADDRESS:	ONE CVS DRIVE	
CITY/ST/ZIP/CO:	WOONSOCKET, RI 02895	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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
NAME:	MICHELE W BUCHANAN	
TITLE:	SECRETARY	
ADDRESS:	ONE CVS DRIVE	
CITY/ST/ZIP/CO:	WOONSOCKET, RI 02895	

NAME: JOHN M CONROY TITLE: DIRECTOR ADDRESS: ONE CVS DRIVE CITY/ST/ZIP/CO: WOONSOCKET, RI 02895	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH KRAMER TITLE: DIRECTOR ADDRESS: ONE CVS DRIVE CITY/ST/ZIP/CO: WOONSOCKET, RI 02895	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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
NAME: TODD MEEK TITLE: DIRECTOR ADDRESS: ONE CVS DRIVE CITY/ST/ZIP/CO: WOONSOCKET, RI 02895	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ LLOYD MCDONALD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LLOYD MCDONALD, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/25/2013 DATE
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.		