

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214536384

1.) CORPORATION NAME:

PENNSYLVANIA LIFE INSURANCE COMPANY

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
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.

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

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

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

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN M CONROY DIRECTOR ONE CVS DRIVE WOONSOCKET, RI 02895	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH KRAMER DIRECTOR ONE CVS DRIVE WOONSOCKET, RI 02895	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH LAPINE DIRECTOR ONE CVS DRIVE WOONSOCKET, RI 02895	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD MEEK DIRECTOR ONE CVS DRIVE 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	LLOYD MCDONALD, PRESIDENT	7/22/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.			