

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 841054 (0)

1. Corporation Name
LONDON LIFE REINSURANCE COMPANY



Principal Place of Business: **BLUE BELL WEST, 653 SKIPPACK PIKE #16 BLUE BELL PA 19422-0778**
Mailing Address: **BLUE BELL WEST, 653 SKIPPACK PIKE #16 BLUE BELL PA 19422-0778**

3. Date Incorporated or Qualified: **07/12/1978**
3a. Date of Last Report: **03/14/1995**

2. Principal Place of Business: **1787 Sentry Parkway West**
2a. Mailing Address: **PO Box 1120**
22. Suite, Apt. #, etc.: **Suite 420**
23. City & State: **Blue Bell PA**
24. Zip: **19422**
25. Country: **Montgomery**
26. Suite, Apt. #, etc.:
27. City & State: **Blue Bell PA**
28. Zip: **19422**
29. Country: **Montgomery**
30. Country:

4. FEI Number: **23-2044256**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **INSURANCE COMMISSIONER STATE OF FLORIDA TALLAHASSEE FL**
10. Name and Address of New Registered Agent:
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: DOZOR, RICHARD J	1.1 TITLE: N/D	1.2 NAME: MONICA M. HAINER
STREET ADDRESS: #2 BRIDGE THREE LANE, P.O. BOX 328	CITY-ST-ZIP: POINT PLEASANT PA 18950	1.3 STREET ADDRESS: 130 WENTWORTH DRIVE	1.4 CITY-ST-ZIP: LANSDALE PA 19440
TITLE: D	NAME: DOZOR, SHIRLEY W	2.1 TITLE: V	2.2 NAME: JOHN IACONO
STREET ADDRESS: PH-5 100 WORTH AVE	CITY-ST-ZIP: PALM BEACH FL 33480	2.3 STREET ADDRESS: 824 LAUREN LANE	2.4 CITY-ST-ZIP: HATFIELD PA 19440
TITLE: PD	NAME: DOZOR, HARRY T	3.1 TITLE: T	3.2 NAME: Raymond J. HAZEL
STREET ADDRESS: PH-5 100 WORTH AVE	CITY-ST-ZIP: PALM BEACH FL 33480	3.3 STREET ADDRESS: 7 DAYLILLY COURT	3.4 CITY-ST-ZIP: WILMINGTON DE 19808
TITLE: D	NAME: DOZOR, ROBERT B.	4.1 TITLE: V	4.2 NAME: JEAN-FRANCOIS POUJIN
STREET ADDRESS: 3213 FRANZ VALLEY RD	CITY-ST-ZIP: SANTA ROSA CA 95404	4.3 STREET ADDRESS: 527 BOOKBINDER WAY	4.4 CITY-ST-ZIP: LANSDALE PA 19440
TITLE: VDT	NAME: SHAW, DIANN	5.1 TITLE: S	5.2 NAME: PETER J TUCCI
STREET ADDRESS: 3 RICKMAR LANE	CITY-ST-ZIP: FRAZER PA 19355	5.3 STREET ADDRESS: 241 S. 6th ST	5.4 CITY-ST-ZIP: Philadelphia, PA 19106
TITLE: SD	NAME: LIT, ALLISON	6.1 TITLE: D	6.2 NAME: MICHAEL BROWNE
STREET ADDRESS: 311 VIOLET LANE	CITY-ST-ZIP: WYNNEWOOD PA 19096	6.3 STREET ADDRESS: 322 W RITTENHOUSE SQUARE	6.4 CITY-ST-ZIP: Philadelphia, PA 19103

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond J. Hazel* **Raymond J. Hazel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Day/Time Phone #: _____

CR2E034 (12/95)