

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841054

1. Entity Name

LONDON LIFE REINSURANCE COMPANY

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90006 023 ***150.00

Principal Place of Business

Mailing Address

1787 SENTRY PKWY WEST
 STE 420
 BLUE BELL PA 19422-0778
 US

PO BOX 1120
 BLUE BELL PA 19422-0319
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2044256

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSONER
 STATE OF FLORIDA
 TALLAHASSEE FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
 NAME **HAINER, MONICA M.**
 STREET ADDRESS **130 WENTWORTH DR**
 CITY-ST-ZIP **LANSDALE PA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VTS** Delete
 NAME **HAZEL, RAYMOND J.**
 STREET ADDRESS **7 DAYLILLY COURT**
 CITY-ST-ZIP **WILMINGTON DE**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **POULIN, JEAN-FRANCAIS**
 STREET ADDRESS **527 BOOKBINDER WAY**
 CITY-ST-ZIP **LANSDALE PA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **TUCCI, PETER J.**
 STREET ADDRESS **241 S 6TH ST**
 CITY-ST-ZIP **PHILADELPHIA PA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **DUNN, C B**
 STREET ADDRESS **1402 UXBRIDGE WAY**
 CITY-ST-ZIP **NORTH WALES PA 19454**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DENTON, A L**
 STREET ADDRESS **1828 GRAVERS RD**
 CITY-ST-ZIP **PLYMOUTH PA 19401**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/00

Date

215-542-7200

Daytime Phone #

CR2E034 (9/99)

LONDON LIFE
REINSURANCE
COMPANY

Attachment
630078
841054

Title: D
Name: R. Thomas M. Allan
Street: 2133 Westdel Bourne
City/State/Zip Code: London, Ontario N6K 4R2

Title: D
Name: Paul X. Kelley
Street: 1600 N. Oak Street, #1619
City/State/Zip Code: Arlington, VA 22209

Title: D
Name: Thomas E. Stiles
Street: 34 Timber Knoll Drive
City/State/Zip Code: Washington Crossing, PA 18977

Title: D
Name: Paul Zelenkofske
Street: 8321 Fairview Road
City/State/Zip Code: Elkins Park, PA 19027



London Life Reinsurance Company is a subsidiary of London Reinsurance Group

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P.O. Box 1120, Blue Bell, PA 19422-0319
(215) 542-7200 FAX (215) 542-1295