

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-25-2001 90014 008 \*\*\*550.00

**DOCUMENT # 841054**  
 1. Entity Name  
**LONDON LIFE REINSURANCE COMPANY**



Principal Place of Business  
**1787 SENTRY PKWY WEST**  
**STE 420**  
**BLUE BELL PA 19422-0778**  
**US**

Mailing Address  
**PO BOX 1120**  
**BLUE BELL PA 19422-0778**  
**US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Zip Country

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  
**INSURANCE COMMISSONER**  
**STATE OF FLORIDA**  
**TALLAHASSEE FL**

7. Name and Address of New Registered Agent  
 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. ☐ **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAINER, MONICA M.		NAME		
STREET ADDRESS	130 WENTWORTH DR		STREET ADDRESS		
CITY-ST-ZIP	LANSDALE PA		CITY-ST-ZIP		
TITLE	VTS	<input type="checkbox"/> Delete	TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZEL, RAYMOND J.		NAME		
STREET ADDRESS	7 DAYLILY COURT		STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	POULIN, JEAN-FRANCOIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POULIN, JEAN-FRANCAIS		NAME		
STREET ADDRESS	527 BOOKBINDER WAY		STREET ADDRESS		
CITY-ST-ZIP	LANSDALE PA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCCI, PETER J.		NAME		
STREET ADDRESS	241 S 6TH ST		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, C B		NAME		
STREET ADDRESS	1402 UXBRIDGE WAY		STREET ADDRESS		
CITY-ST-ZIP	NORTH WALES PA 19454		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENTON, A L		NAME		
STREET ADDRESS	1828 GRAVERS RD		STREET ADDRESS		
CITY-ST-ZIP	PLYMOUTH PA 19401		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:** Raymond J HAZEL **REQUIRED** 7/19/01 215-542-7200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

07/25/01 AI

CR2E034 (5/01)

ATTACHMENT

LONDON LIFE  
REINSURANCE  
COMPANY

Title: D  
Name: Gregory E. Morrison  
Street: 42 Buttermere Rd.  
City/State/Zip Code: London, Ontario N6G 4L1

#841054  
D6059493

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: William G. Tull  
Street: 11311 South Glen Rd.  
City/State/Zip Code: Potomac, MD 20854

Title: D  
Name: Paul Zelenkofske  
Street: Woodfield/6514 Northwest 39<sup>th</sup> Terrace  
City/State/Zip Code: Boca Raton, FL 33496

Title: V  
Name: Debra J. Saltsman  
Street: 1304 Marlbrook Lane  
City/State/Zip Code: Lansdale, PA 19446

Title: T  
Name: George C. Hawkinson  
Street: 3253 Wellington St.  
City/State/Zip Code: Philadelphia, PA 19149



London Life Reinsurance Company is a subsidiary of London Reinsurance Group

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