

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90042 044 ***150.00

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
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country 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

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 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 _____ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HAINER, MONICA M. 130 WENTWORTH DR LANSDALE PA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HAZEL, RAYMOND J. 7 DAYLILLY COURT WILMINGTON DE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POULIN, JEAN-FRANCOIS 527 BOOKBINDER WAY LANSDALE PA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCCI, PETER J. 241 S 6TH ST PHILADELPHIA PA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUNN, C B 1402 UXBRIDGE WAY NORTH WALES PA 19454 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENTON, A L 1828 GRAVERS RD PLYMOUTH PA 19401 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34 Brooks Bend DR New Hope, PA 18938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** 4/23/02 215-542-7200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Attachment # 841054

B0097806

LONDON LIFE
REINSURANCE
COMPANY

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

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: Six Harmony Way
City/State/Zip Code: Newtown, PA 18940

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 39th 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

1787 Sentry Parkway West, Suite 420, Blue Bell, PA 19422-2240
P.O. Box 1120, Blue Bell, PA 19422-0319
(215) 542-7200 FAX (215) 542-1295