

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90084 039 \*\*\*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**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country  
**19422-2200** Country **19422-0319** Country

Barcode  
 01072004 Chg-P CR2E034 (10/03)  
 4. FEI Number **23-2044256** Applied For Not Applicable

6. Name and Address of Current Registered Agent  
**CHIEF FINANCIAL OFFICER  
 P O BOX 6200 (32314-6200)  
 200 E. GAINES ST  
 TALLAHASSEE, FL 32399-0000**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
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. 34 BROODSBEND DR NEW HOPE, PA 18938 <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	<i>For other directors, please see attached sheet.</i> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <b>19446</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <b>19808</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <b>19446</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>34 Brooks Bend Dr.</b>
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond J. Hazel **Raymond J. Hazel** 1/13/04 (215) 542-4313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #