### 2005 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

# ANNUAL REPORT DOCUMENT # 841054 1. Entity Name LONDON LIFE REINSURANCE COMPANY

Principal Place of Business
1787 SENTRY PKWY WEST

STE 420 BLUE BELL, PA 19422-2200 US Mailing Address PO BOX 1120

BLUE BELL, PA 19422-0319 US

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FILED

Mar 24, 2005 8:00 am Secretary of State

03-24-2005 90033 015 \*\*\*150.00

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No Chg-P

CR2E034 (10/03)

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

CHIEF FINANCIAL OFFICER P O BOX:6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 DO NOT WRITE
IN THIS SPACE

			2		of the second se	~
	named entity submits this statement for the ptions of registered agent.	ourpose of changing its regi	stered office or reg	istered agent, or both, in the	State of Florida. I am familiar with, a	nd accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Reg	istered Agent algnature re	quired when reinstating)	DATE	<del></del>
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign F     Trust Fund Contribut	inancing	\$5.00 May Be Added to Fees	·	
10.	OFFICERS AND DIRE	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAINER, MONICA M. 130 WENTWORTH DR LANSDALE, PA 19446					*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HAZEL, RAYMOŃD J. 7 DAYLILLY COURT WILMINGTON, DE 19808					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POULIN, JEAN-FRANCOIS 527 BOOKBINDER WAY LANSDALE, PA 19446			DÓ NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCCI, PETER J. 34 BROOKS BEND DR. NEW HOPE, PA 18938			, IN THI	S SPACE	3 3 3 3 4 4 8 8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENTON, A L 1828 GRAVERS RD PLYMOUTH, PA 19401					k 
NAME STREET ADDRESS CITY-ST-ZIP	38 TEDDINGTON PARK AVE. 385	J. SALISMAN 2 HALLMAN AVE SEVILLE, PA 19420				

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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/14/05

215-542-7200

### **ATTACHMENT**

40038136

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #841054 \_\_\_\_\_ LONDON LIFE REINSURANCE COMPANY

**RE: ADDITIONS TO SECTION 10** 

10.	OFFICERS AND DIRCTORS		
Title	С		
Name	Wiilaim L. Acton		
Street Address	35 Teddington Park Ave		
City-St-ZIP	Toronto, ON M4N2C4 Canada		
Title	D		
Name	Paul X. Kelley		
Street Address	1600 N. Oak Street, #1619		
City-St-ZIP	Arlington, VA 22209		
Title	D		
Name	Thomas E. Stiles		
Street Address	Six Harmony Way		
City-St-ZIP	Newtown, PA 18940		
Title	D		
Name	William G. Tull		
Street Address	11311 South Glen Rd.		
City-St-ZIP	Potomac, MD 20854		
Title	D		
Name	Paul Zelenkofske		
Street Address	6514 Northwest 39 <sup>th</sup> Terrace		
City-St-ZIP	Boca Raton, FL 33496		