

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90013 027 \*\*\*150.00

<b>DOCUMENT # 841054</b>	
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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**50000374**

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02052006 Chg-P CR2E034 (11/05)

4. FEI Number 23-2044256	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAINER, MONICA M. 130 WENTWORTH DR LANSDALE, PA 19446 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HAZEL, RAYMOND J. 7 DAYLILLY COURT WILMINGTON, DE 19808 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POULIN, JEAN-FRANCOIS 527 BOOKBINDER WAY LANSDALE, PA 19446 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCCI, PETER J. 34 BROOKS BEND 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	V SALISMAN, DEBRA S 3852 HALLMAN AVE COLLEGEVILLE, PA 19426 <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 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 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 Saltsman, Debra J.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Debra J. Saltsman* Date: 2/24/06 Daytime Phone #: 215-542-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

LONDON LIFE  
REINSURANCE  
COMPANY

50006374  
#841054

Raymond J. Hazel  
Vice President Finance & CFO

February 24, 2006

Florida Department of State  
Attn: Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32303-1500

Certified Mail  
Return Receipt Requested

Dear Division:

Please find enclosed the 2006 For Profit Corporation Annual Report, which you have requested. Payment of the \$150 fee is enclosed.

Sincerely,



Raymond J. Hazel  
Vice President Finance & CFO

Enclosures



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  
E-Mail: ray.hazel@lrgus.com