

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

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



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 19446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HAZEL, RAYMOND J. 7 DAYLILLY COURT WILMINGTON, DE 19808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POULIN, JEAN-FRANCOIS 527 BOOKBINDER WAY LANSDALE, PA 19446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCCI, PETER J. 34 BROOKS BEND DR. NEW HOPE, PA 18938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENTON, A L 1828 GRAVERS RD PLYMOUTH, PA 19401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALTSMAN, DEBRA J 3852 HALLMAN AVE COLLEGEVILLE, PA 19426

U000000656008
03/14/07-80008-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07

Date

215-542-7200

Daytime Phone #