

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841054

FILED
Feb 18, 2010
Secretary of State

Entity Name: LONDON LIFE REINSURANCE COMPANY

Current Principal Place of Business:

1787 SENTRY PKWY WEST
STE 420
BLUE BELL, PA 194222200 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1120
BLUE BELL, PA 194220319 US

New Mailing Address:

FEI Number: 23-2044256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO
Name: HAINER, MONICA M
Address: 130 WENTWORTH DR
City-St-Zip: LANSDALE, PA 19446

Title: VS
Name: HAZEL, RAYMOND J.
Address: 7 DAYLILLY COURT
City-St-Zip: WILMINGTON, DE 19808

Title: P/D
Name: POULIN, JEAN-FRANCOIS
Address: 527 BOOKBINDER WAY
City-St-Zip: LANSDALE, PA 19446

Title: D
Name: TUCCI, PETER J.
Address: 34 BROOKS BEND DR.
City-St-Zip: NEW HOPE, PA 18938

Title: D
Name: DENTON, A L
Address: 1828 GRAVERS RD
City-St-Zip: PLYMOUTH, PA 19401

Title: V
Name: SALTSMAN, DEBRA J
Address: 3852 HALLMAN AVE
City-St-Zip: COLLEGEVILLE, PA 19426

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAYMOND J. HAZEL

VS

02/18/2010

Electronic Signature of Signing Officer or Director

_____ Date