

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 08, 2016
Secretary of State
CC4030864163

Entity Name: LONDON LIFE REINSURANCE COMPANY

Current Principal Place of Business:

1787 SENTRY PKWY WEST
BUILDING 16, SUITE 420
BLUE BELL, PA 19422-2240

Current Mailing Address:

PO BOX 1120
BLUE BELL, PA 19422-0319 US

FEI Number: 23-2044256

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title VT
Name CONNOLLY, STEPHEN J
Address 1 COTTONWOOD DRIVE
City-State-Zip: HOLLAND PA 18966

Title VS/D
Name HAZEL, RAYMOND J
Address 7 DAYLILLY COURT
City-State-Zip: WILMINGTON DE 19808

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

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

Title D
Name DENTON, A L
Address 1828 GRAVERS RD
City-State-Zip: PLYMOUTH MEETING PA 19462-2829

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

Title VA
Name KNAUSS, JOHN C
Address 80 HOME ROAD
City-State-Zip: HATBORO PA 19040

Title V
Name MULCAHY, MICHAEL D
Address 197 SANDY KROLL DRIVE
City-State-Zip: DOYLESTOWN PA 18901

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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

**SR. VP FINANCE, CFO
AND CCO**

02/08/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title C/D
Name OCCLESHAW, JOHN
Address 7 BLUE BELL
CLOSE, PARK STREET
City-State-Zip: ST. ALBANS, HERTZ UK AL2 2FJ

Title D
Name ZELENKOFKSKE, PAUL
Address 6514 NORTHWEST 39TH TERRACE
City-State-Zip: BOCA RATON FL 33496

Title D
Name STILES, THOMAS E
Address 127 CARMELA COURT
City-State-Zip: JUPITER FL 33478

Title V
Name FICKETT, LEWIS III
Address 2221 SCHULTZ ROAD
City-State-Zip: LANSDALE PA 19446