

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 841054

**Entity Name:** LONDON LIFE REINSURANCE COMPANY**Current Principal Place of Business:**1787 SENTRY PKWY WEST  
STE 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
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 PA 19401

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

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. HAZELSR. VP FINANCE, CFO  
AND CCO

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date