

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 841054

**FILED**  
**Apr 12, 2023**  
**Secretary of State**  
**7179737388CC**

**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 VP, SECRETARY, CFO  
Name CONNOLLY, STEPHEN J  
Address 1 COTTONWOOD DRIVE  
City-State-Zip: HOLLAND PA 18966

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

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

Title DIRECTOR  
Name BROWNE, MICHAEL LEON  
Address 1900 HOLLOW ROAD  
City-State-Zip: COLEGEVILLE PA 19426

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

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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:** STEPHEN J. CONNOLLY

**SR. VP, CFO &  
CORPORATE  
SECRETARY**

**04/12/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title COO, VP  
Name PELOGHITIS, CHRISTINE MARIE  
Address 329 MAIN STREET  
City-State-Zip: RED HILL PA 18076

Title DIRECTOR  
Name SAIFER, ALISON JODI  
Address 65 WOODSIDE LANE  
City-State-Zip: NEW HOPE PA 18938

Title TREASURER  
Name REED, MYCHAL  
Address 31 KLEYONA AVENUE  
City-State-Zip: PHOENIXVILLE PA 19460