SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **801652** **(9)**

1. Corporation Name
THE CANADA LIFE ASSURANCE COMPANY

Principal Place of Business	Mailing Address
330 UNIVERSITY AVE TORONTO CANADA	330 UNIVERSITY AVE TORONTO CANADA

3. Date Incorporated or Qualified: **09/05/1922**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: 6201 Powers Ferry Rd., NW
Suite, Apt. #, etc
27:
City & State
28: Atlanta, GA
Zip 29: 30339 Country 30: USA

4. FEI Number: **38-0397420** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature required from registered agent accepting appointment. NOTE: Registered Agent's signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LONEY, D. A.		12 NAME		
STREET ADDRESS	1006 OLD POWERS FERRY RD		13 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		14 CITY-ST-ZIP		
TITLE	S	☒ DELETE	21 TITLE	S	☒ Change ☐ Addition
NAME	FRASER, D I		22 NAME	Linden, R.W.	
STREET ADDRESS	95 GLENVIEW AVENUE		23 STREET ADDRESS	330 University Ave.	
CITY-ST-ZIP	TORONTO,ONT,CANADA		24 CITY-ST-ZIP	Toronto, Ontario, CN M5G 1R8	
TITLE	V	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	THOMSON, J.L.		32 NAME		
STREET ADDRESS	65 COSMIC DR		33 STREET ADDRESS		
CITY-ST-ZIP	DON MILLS, ONT		34 CITY-ST-ZIP		
TITLE	C	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, E H		42 NAME		
STREET ADDRESS	47 DANESWOOD ROAD		43 STREET ADDRESS		
CITY-ST-ZIP	TORONTO,ONT,CANADA		44 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	51 TITLE	800001891388	☐ Change ☐ Addition
NAME	NIELD, D.A.		52 NAME	-07/11/96--01081--025	
STREET ADDRESS	5 VALLEY RIDGE PL.		53 STREET ADDRESS	***225.00	
CITY-ST-ZIP	WILLOWDALE, ONT. M2L1G		54 CITY-ST-ZIP		
TITLE	V	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	MORRISON, R W		62 NAME		
STREET ADDRESS	33 DEVERE GARDENS		63 STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA		64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, ~~or on an~~ attachment with an address.

SIGNATURE: _____ 7/3/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #