

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
330 UNIVERSITY AVE  
TORONTO CANADA

Mailing Address  
6201 POWERS FERRY RD. NW  
ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1922

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V  
NAME LONEY, D. A.  
STREET ADDRESS 1006 OLD POWERS FERRY RD  
CITY-ST-ZIP ATLANTA GA ☐ DELETE

TITLE S  
NAME LINDEN, R.W.  
STREET ADDRESS 330 UNIVERSITY AVE  
CITY-ST-ZIP TORONTO CANADA ☐ DELETE

TITLE V  
NAME THOMSON, J.L.  
STREET ADDRESS 65 COSMIC DR  
CITY-ST-ZIP DON MILLS, ONT ☒ DELETE

TITLE C  
NAME CRAWFORD, E H  
STREET ADDRESS 47 DANESWOOD ROAD  
CITY-ST-ZIP TORONTO, ONT, CANADA ☐ DELETE

TITLE PD  
NAME NIELD, D.A.  
STREET ADDRESS 5 VALLEY RIDGE PL.  
CITY-ST-ZIP WILLOWDALE, ONT. M2L1G ☐ DELETE

TITLE V  
NAME MORRISON, R W  
STREET ADDRESS 33 DEVERE GARDENS  
CITY-ST-ZIP TORONTO, ONTARIO, CANADA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE Vice-President ☒ Change ☐ Addition  
3.2 NAME Smithen, Robert Michael  
3.3 STREET ADDRESS 28 Paynter Drive  
3.4 CITY-ST-ZIP North York, Ontario M2H 2G3

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

1/8/98

(770) 953-1959

CR2E034 (10/97)