

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90010 025 ***150.00

DOCUMENT # 801652

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

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

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

TITLE S ☐ DELETE

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

TITLE V ☐ DELETE

NAME SMITHEN, ROBERT M
STREET ADDRESS 28 PAYNTER DRIVE
CITY-ST-ZIP NORTH YORK ON M2H2G

TITLE C ☐ DELETE

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

TITLE PD ☐ DELETE

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

TITLE V ☐ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

AA

☐ Change

☒ Addition

1.2 NAME

KENNETH T. LEDWOS

1.3 STREET ADDRESS

6201 POWERS FERRY RD., NW

1.4 CITY-ST-ZIP

ATLANTA GA

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Kenneth T. Ledwos KENNETH T. LEDWOS

4/29/99 770-953-1959

Date

Daytime Phone #

CR2E034 (1/98)

001333