

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90086 036 ***150.00

DOCUMENT # 808241

1. Entity Name
CROWN LIFE INSURANCE COMPANY

Principal Place of Business 1874 SCARTH ST STE 1900 REGINA. SK CANADA S4P- 4B3 CN	Mailing Address 1874 SCARTH ST STE 1900 REGINA. SK CANADA S4P- 4B3 CN
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 CAPITAL BLDG.
 TALLAHASSEE FL 32304**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HILL, P.J. 1874 SCARTH STREET REGINA SASK CANADA S4-P4G3	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, DENNIS C 5343 N. 16TH STREET, #460 PHOENIX-AZ-85016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, B.A. 1874 SCARTH ST STE 1900 REGINA SASK CANADA S4-P4B3	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS ROWE, A.M. 1874 SCARTH ST., STE 1900 REGINA, SASK S4P- 4B3	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVANS, G.W. 175 BLOOR ST. E., STE 704 N. TORONTO, ON M4W- 3R8	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNAN, BEVERLEY A APT. 1202, LORD STRATHCONA MN. 10649 SK DR EDMONTON, AB T6E- 6S8	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNAN, BEVERLEY A 313 HEDLEY WAY EDMONTON, AB T6E- 1T8	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **21 Jan 2002** Daytime Phone #: **306 751 6770**

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CR2E034 (9/01)

Attachment Document # 808241

12.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dombowsky, David S. 765 Westpoint Drive Kelowna, BC V1W 2Z4	Change Addition X
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hennigar, David J. 3 Bedford Hills Road Bedford, Nova Scotia B4A 1J5	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ladly, Frederick B. R.R. #1 Fallbrook, Ontario K0G 1A0	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lee, Robert E. 1177 West Hastings Street, Suite 517 Vancouver, B.C. V6E 2K3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wallace, D. Murray 326 Victoria Street London, Ontario N6A 2C5	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Anderson, Christopher J. 3328 Queen Street Regina, Saskatchewan S4S 2E9	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Benson, Gary K. 3718 Bryden Bay Regina, Saskatchewan S4S 7C6	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Selness, Chris A. 3607 Burns Road Regina, Saskatchewan S4V 2G4	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V von Buttler, Stephan R. 3 De Vere Gardens Toronto, Ontario M5M 3E4	Change X Addition

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