
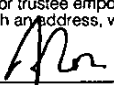


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90011 047 ***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			Mailing Address 1874 SCARTH ST STE 1900 REGINA, SK CANADA, s4p-4b3		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07072005 Chg-P CR2E034 (10/03)	
4. FEI Number 38-0455060				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. 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, s4p 4b3 <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	PD JOHNSON, B.A. 1874 SCARTH ST STE 1900 REGINA SASK CANADA, s4p 4b3 <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	VTS ROWE, A.M. 1874 SCARTH ST., STE 1900 REGINA, SASK, s4p 4b3 <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	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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 175 Bloor St. E., Suite 1316 N.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNAN, BEVERLEY A 313 HEDLEY WAY EDMONTON, AB, t6r1t8 <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	D HENNIGAR, DAVID J 3 BEDFORD HILLS RD BEDFORD, NS b4a 1j5 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			ALAN M. ROWE, C.A. SENIOR VICE PRESIDENT CHIEF FINANCIAL OFFICER AND CORPORATE SECRETARY		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date July 11, 2005 (306) 546-8012 <small>Daytime Phone #</small>		

50058404



ATTACHMENT

50058404

Crown Life Insurance Company

#808241

Question 11 – Additions to Officers and Directors

Title Name Street Address City-St-ZIP	<div><input type="checkbox"/>Change <input checked="" type="checkbox"/>Addition</div> D David S. Dombowsky 765 Westpoint Drive Kelowna, BC V1W 2Z4
Title Name Street Address City-St-ZIP	<div><input type="checkbox"/>Change <input checked="" type="checkbox"/>Addition</div> D Frederick B. Ladly R.R. #1 Fallbrook, Ontario K0G 1A0
Title Name Street Address City-St-ZIP	<div><input type="checkbox"/>Change <input checked="" type="checkbox"/>Addition</div> D Robert H. Lee 1177 West Hastings Street, Suite 517 Vancouver, B.C. V6E 2K3
Title Name Street Address City-St-ZIP	<div><input type="checkbox"/>Change <input checked="" type="checkbox"/>Addition</div> D D. Murray Wallace 326 Victoria Street London, Ontario N6A 2C5