
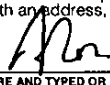


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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
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		FL
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)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				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	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILL, P.J.		NAME		
STREET ADDRESS	1874 SCARTH STREET		STREET ADDRESS		
CITY-ST-ZIP	REGINA SASK CANADA, s4p 4b3		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, B.A.		NAME		
STREET ADDRESS	1874 SCARTH ST STE 1900		STREET ADDRESS		
CITY-ST-ZIP	REGINA SASK CANADA, s4p 4b3		CITY-ST-ZIP		
TITLE	VTS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROWE, A.M.		NAME		
STREET ADDRESS	1874 SCARTH ST., STE 1900		STREET ADDRESS		
CITY-ST-ZIP	REGINA, SASK, s4p 4b3		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVANS, G.W.		NAME		
STREET ADDRESS	175 BLOOR ST. E., STE 704 N.		STREET ADDRESS	175 Bloor St. E., Suite 1316 N.	
CITY-ST-ZIP	TORONTO, ON, m4w 3r8		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRENNAN, BEVERLEY A		NAME		
STREET ADDRESS	313 HEDLEY WAY		STREET ADDRESS		
CITY-ST-ZIP	EDMONTON, AB, t6r1t8		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENNIGAR, DAVID J		NAME		
STREET ADDRESS	3 BEDFORD HILLS RD		STREET ADDRESS		
CITY-ST-ZIP	BEDFORD, NS b4a 1j5		CITY-ST-ZIP		
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		July 11, 2005 (306) 546-8012	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<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	D David S. Dombowsky 765 Westpoint Drive Kelowna, BC V1W 2Z4 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-ZIP	D Frederick B. Ladly R.R. #1 Fallbrook, Ontario K0G 1A0 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-ZIP	D Robert H. Lee 1177 West Hastings Street, Suite 517 Vancouver, B.C. V6E 2K3 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-ZIP	D D. Murray Wallace 326 Victoria Street London, Ontario N6A 2C5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition