
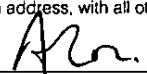


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90035 049 \*\*\*150.00

<b>DOCUMENT # 808241</b> 1. Entity Name <b>CROWN LIFE INSURANCE COMPANY</b>					
Principal Place of Business <b>1874 SCARTH ST STE 1900</b> <b>REGINA, SK CANADA, s4p-4b3</b>			Mailing Address <b>1874 SCARTH ST STE 1900</b> <b>REGINA, SK CANADA, s4p-4b3</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>38-0455060</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER</b> <b>P O BOX 6200 (32314-6200)</b> <b>200 E. GAINES ST</b> <b>TALLAHASSEE, FL 32399-0000</b>			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
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	ATTACHED. <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 STREET EAST, SUITE 1316 N TORONTO, ON, M4W- R8 <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 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 exemptions contained in Chapter 119, 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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 12 Jan 06 46 927 1851 ext 224		

# ATTACHMENT 60006526 #808241

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
Title Name Street Address City-St-ZIP	V Christopher J. Anderson 1874 Scarth St., Ste 1900 Regina Saskatchewan Canada S4P 4B3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-ZIP	V Stephan R. von Buttlar 175 Bloor Street East, Suite 1316 N Toronto Ontario M4W 3R8	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition