

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 808241

FILED
Aug 05, 2008
Secretary of State

Entity Name: CROWN LIFE INSURANCE COMPANY

Current Principal Place of Business:

1901 SCARTH STREET, SUITE 1900
REGINA,, SK S4P4L4 CA

New Principal Place of Business:

Current Mailing Address:

8515 E. ORCHARD ROAD
#2T3
GREENWOOD VILLAGE, CO 80111

New Mailing Address:

FEI Number: 38-0455060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MCFEETORS, RAYMOND L
Address: 8515 E. ORCHARD ROAD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: PD () Delete
Name: LONEY, ALLAN
Address: 60 OSBORNE ST., NORTH
City-St-Zip: WINNIPEG, MB R3C1V3 CA

Title: VT () Delete
Name: DERBACK, GLEN R
Address: 8515 E. ORCHARD ROAD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: VS () Delete
Name: SCHULTZ, RICHARD
Address: 8515 E. ORCHARD ROAD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: P () Delete
Name: GRAYE, MITCHELL T
Address: 8515 E. ORCHARD ROAD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: D () Delete
Name: OREST, DACKOW T
Address: 8515 E. ORCHARD ROAD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN DERBACK

VT

08/05/2008

Electronic Signature of Signing Officer or Director

Date