

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P21083** (1)
1. Corporation Name
CANADA LIFE INSURANCE COMPANY OF AMERICA



Principal Place of Business Mailing Address
**330 UNIVERSITY AVE
TORONTO, ONTARIO M5G 1R8
CANADA** **330 UNIVERSITY AVE
TORONTO, ONTARIO M5G 1R8
CANADA**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **6201 Powers Ferry Rd., NW**
22 City & State 27
23 **Atlanta, GA**
24 Zip 25 Country 29 **30339** 30 **USA**

3. Date Incorporated or Qualified **09/27/1988** 3a. Date of Last Report **10/27/1995**
4. FEI Number **38-2816473** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**NEWCOMM, PHILLIP G.
1500 EDWARD BELL BLDG.
100 CHOPIN PLAZA, FL-15
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD **LONEY, D.A.** **6201 POWERS FERRY ROAD ATLANTA GA**
V **HUGHES, G.E.** **6201 POWERS FERRY ROAD ATLANTA GA**
S **LINDEN, R.W.** **330 UNIVERSITY AVENUE ONTARIO, CANADA**
T **COOPER, D.M.** **330 UNIVERSITY AVENUE ONTARIO, CANADA**
DC **NIELD, D.A.** **330 UNIVERSITY AVENUE ONTARIO, CANADA**
D **SAFRAN, P.** **330 UNIVERSITY AVENUE ONTARIO, CANADA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
900001886009
-07/08/96--01036--004
*****225.00**
D Ledwos, K.T. **6201 Powers Ferry Rd.** **Atlanta, GA**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/96

770 553 1959

CR2E034 (3/96)