

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21083

FILED
Mar 09, 2006
Secretary of State

Entity Name: CANADA LIFE INSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

8515 E ORCHARD RD
GREENWOOD VILLAGE, CO 80111 US

New Principal Place of Business:

Current Mailing Address:

8515 E ORCHARD RD
GREENWOOD VILLAGE, CO 80111

New Mailing Address:

FEI Number: 38-2816473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCALLUM, W T PD
Address: 8515 E ORCHARD RD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: CFO () Delete
Name: GRAYE, M CFO
Address: 8515 E ORCHARD RD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: VP () Delete
Name: WOODEN, D L VP
Address: 8515 E ORCHARD RD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: VP () Delete
Name: CORBETT, S M VP
Address: 8515 E ORCHARD RD
City-St-Zip: GREENWOOD VILLAGE, CO

Title: SVP () Delete
Name: LENNOX, DUNCAN L SEC VP
Address: 8515 E ORCHARD RD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: VP () Delete
Name: SCHULTZ, RICHARD G VP
Address: 8525 E ORCHARD RD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCFEETORS, RAY L PD
Address: 8515 E ORCHARD RD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: CFO (X) Change () Addition
Name: GRAYE, MITCHELL CFO
Address: 8515 E ORCHARD RD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: VP (X) Change () Addition
Name: WOODEN, DOUG L VP
Address: 8515 E ORCHARD RD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: () Change () Addition
Name:
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 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: RICHARD G. SCHULTZ

VP

03/09/2006

Electronic Signature of Signing Officer or Director

Date