

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841054

Entity Name: CANADA LIFE REINSURANCE COMPANY**Current Principal Place of Business:**1787 SENTRY PKWY WEST
BUILDING 16, SUITE 420
BLUE BELL, PA 19422-2240**Current Mailing Address:**PO BOX 1120
BLUE BELL, PA 19422-0319 US**FEI Number:** 23-2044256**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399-0000 US*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

Officer/Director Detail :

Title VP, SECRETARY, CFO
Name CONNOLLY, STEPHEN J
Address 1 COTTONWOOD DRIVE
City-State-Zip: HOLLAND PA 18966

Title D
Name TUCCI, PETER J.
Address 34 BROOKS BEND DR.
City-State-Zip: NEW HOPE PA 18938

Title PRESIDENT
Name MULCAHY, MICHAEL D
Address 197 SANDY KROLL DRIVE
City-State-Zip: DOYLESTOWN PA 18901

Title VP
Name FICKETT, LEWIS III
Address 2221 SCHULTZ ROAD
City-State-Zip: LANSDALE PA 19446

Title CEO, DIRECTOR, CHAIRMAN
Name POULIN, JEAN-FRANCOIS
Address 527 BOOKBINDER WAY
City-State-Zip: LANSDALE PA 19446

Title D
Name DENTON, A L
Address 1828 GRAVERS RD
City-State-Zip: PLYMOUTH MEETING PA 19462-2829

Title DIRECTOR
Name BROWNE, MICHAEL LEON
Address 1900 HOLLOW ROAD
City-State-Zip: COLEGEVILLE PA 19426

Title COO, VP
Name PELOGHITIS, CHRISTINE MARIE
Address 329 MAIN STREET
City-State-Zip: RED HILL PA 18076

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I hereby 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 all other like empowered.

SIGNATURE: STEPHEN J. CONNOLLYSR. VP FINANCE, CFO
AND CORPORATE
SECRETARY

03/05/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SAIFER, ALISON JODI
Address 65 WOODSIDE LANE
City-State-Zip: NEW HOPE PA 18938

Title VP
Name FRANGIPANI, JON
Address 12 ROCKINGHAM DRIVE
City-State-Zip: MARLTON NJ 08053

Title TREASURER
Name REED, MYCHAL
Address 31 KLEYONA AVENUE
City-State-Zip: PHOENIXVILLE PA 19460