

1.) CORPORATION NAME:

CROWN LIFE INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

DUE DATE: **10/31/2011**

SCC ID NO: **F0116428**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
UNLTD	999,999,999
PREF5	1

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
FN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8515 R ORCHARD RD

CITY/ST/ZIP: GREENWOOD VILLAGE, CO 80111-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MITCHELL T.G. GRAYE
TITLE: PRES & CEO-US
ADDRESS: 8515 E ORCHARD RD
CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111-

OFFICER

DIRECTOR

NAME: GLEN R. DERBACK
TITLE: SR VP/CNTRL/US
ADDRESS: 8515 W ORCHARD RD
CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111-

OFFICER

DIRECTOR

NAME: RAYMOND L. MCFEETORS
TITLE: CHRMAN OF BD
ADDRESS: 8515 E ORCHARD RD
CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111-

OFFICER

DIRECTOR

NAME: WILLIAM W. LOVATT
TITLE: EX VP & CFO
ADDRESS: 100 OSBORNE STREET NORTH
CITY/ST/ZIP/CO: WINNIPEG, MB R3C 3A5-, CANADA

OFFICER

DIRECTOR

NAME: D. ALLEN LONEY
TITLE: PRES & CEO
ADDRESS: 330 UNIVERSITY AVE
CITY/ST/ZIP/CO: TORONTO, ON M5G 1R8-, CANADA

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE S. BAIN DIRECTOR 1 EDENTURCHER RD ANTRIM, IR BT29 4LZ-, UNITED KINGDOM (GREAT BRITAIN)	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARCEL R. COUTU DIRECTOR 2500 FIRST CANADIAN CTR, 350 7TH AVE SW CALGARY, AL T2P 3N9-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDRE DESMARAIS DIRECTOR 751 VICTORIA SQUARE MONTREAL, QU H2Y 2J3-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL DESMARAIS DIRECTOR 751 VICTORIA SQUARE MONTREAL, QU H2Y 2J3-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	H. DAVID GRAVES DIRECTOR 100-1370 SONY PLACE WINNIPEG, R3T 1N5-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL L. HEPHER DIRECTOR 54 JERMYN STREET LONDON, SW1Y 6LX-, UNITED KINGDOM (GREAT BRITAIN)	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHAVIVA HOSEK DIRECTOR 180 DUNDAS ST W #1400 TORONTO, M5G 1Z8-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY NICKERSON DIRECTOR P.O. BOX 130 NOVA SCOTIA, B2A 3M2-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A. NIELD DIRECTOR 330 UNIVERSITY AVE TORONTO, M5G 1R8-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. JEFFREY ORR DIRECTOR 751 VICTORIA SQUARE MONTREAL, H2Y 2J3-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MICHEL PLESSIS-BELAIR TITLE: DIRECTOR ADDRESS: 751 VICTORIA SQUARE CITY/ST/ZIP/CO: MONTREAL, H2Y 2J3-, CANADA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HENRI-PAUL ROUSSEAU TITLE: DIRECTOR ADDRESS: 751 VICTORIA SQUARE CITY/ST/ZIP/CO: MONTREAL, H2Y 2J3-, CANADA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RAYMOND ROYER TITLE: DIRECTOR ADDRESS: 395 DE MAISONNEUVE BLVD WEST CITY/ST/ZIP/CO: MONTREAL, H3A 1L6-, CANADA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PHILIP K. RYAN TITLE: DIRECTOR ADDRESS: 751 VICTORIA SQUARE CITY/ST/ZIP/CO: MONTREAL, H2Y 2J3-, CANADA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY T. RYAN TITLE: DIRECTOR ADDRESS: 120 BROADWAY, 35TH FL CITY/ST/ZIP/CO: NEW YORK, VA -	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: E.J.E. SZATHMARY TITLE: DIRECTOR ADDRESS: 202 ADMINISTRATION BLDG CITY/ST/ZIP/CO: WINNIPEG, R3T 2N2-, CANADA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN E. WALSH TITLE: DIRECTOR ADDRESS: 1 DOCK STREET, 4TH FL CITY/ST/ZIP/CO: STAMFORD, VA -	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD G. SCHULTZ TITLE: SVP, GC, & SECR ADDRESS: 8515 E. ORCHARD ROAD CITY/ST/ZIP/CO: GREENWOOD VILLAGE, VA -	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ RICHARD G. SCHULTZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD G. SCHULTZ, SVP, GC, & SECR PRINTED NAME AND CORPORATE TITLE
8/30/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	