

1.) CORPORATION NAME:

CROWN LIFE INSURANCE COMPANY

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

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 East 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:	D. ALLEN LONEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES & CEO		
ADDRESS:	330 UNIVERSITY AVE TORONTO, ON, M5G 1R8, CANADA		
CITY/ST/ZIP/CO:	, , FN		
NAME:	MITCHELL T.G. GRAYE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES & CEO-US		
ADDRESS:	8515 E ORCHARD RD		
CITY/ST/ZIP/CO:	GREENWOOD VILLAGE, CO 80111		
NAME:	WILLIAM W. LOVATT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EX VP & CFO		
ADDRESS:	100 OSBORNE STREET NORTH WINNIPEG, MB, R3C 3A5, CANADA		
CITY/ST/ZIP/CO:	, , FN		
NAME:	RAYMOND L. MCFEETORS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMAN OF BD		
ADDRESS:	8515 E ORCHARD RD		
CITY/ST/ZIP/CO:	GREENWOOD VILLAGE, CO 80111		
NAME:	RICHARD G. SCHULTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, GC, & SECR		
ADDRESS:	8515 E. ORCHARD ROAD		
CITY/ST/ZIP/CO:	GREENWOOD VILLAGE, VA		
NAME:	GEORGE S. BAIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 EDENTURCHER RD ANTRIM, IR, BT29 4LZ, UNITED KINGDOM (GREAT BRIT		
CITY/ST/ZIP/CO:	, , FN		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARCEL R. COUTU DIRECTOR 2500 FIRST CANADIAN CTR, 350 7TH AVE SW CALGARY,AL,T2P 3N9,CANADA , , FN	<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 , , FN	<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 , , FN	<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 , , FN	<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 BRITAI , , FN	<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 , , FN	<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 , , FN	<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 , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHEL PLESSIS-BELAIR DIRECTOR 751 VICTORIA SQUARE MONTREAL,,H2Y 2J3,CANADA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HENRI-PAUL ROUSSEAU DIRECTOR 751 VICTORIA SQUARE MONTREAL,,H2Y 2J3,CANADA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: RAYMOND ROYER TITLE: DIRECTOR ADDRESS: 395 DE MAISONNEUVE BLVD WEST MONTREAL,,H3A 1L6,CANADA CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PHILIP K. RYAN TITLE: DIRECTOR ADDRESS: 751 VICTORIA SQUARE MONTREAL,,H2Y 2J3,CANADA CITY/ST/ZIP/CO: , , FN	<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 WINNIPEG,,R3T 2N2,CANADA CITY/ST/ZIP/CO: , , FN	<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: James Van Harmelen TITLE: SVP/Corp. Contr ADDRESS: 8515 East Orchard Road CITY/ST/ZIP/CO: Greenwood Village, CO 80111	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: J.M. Singh TITLE: DIRECTOR ADDRESS: 330 University Avenue CITY/ST/ZIP/CO: Toronto, , CA	<input type="checkbox"/> OFFICER <input checked="" 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
9/11/2012 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.	