

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90006 027 ***550.00

DOCUMENT # 815180

N/C 5/15

1. Entity Name
ROYAL MACCABEES LIFE INSURANCE COMPANY XXX
REASSURE AMERICA LIFE INSURANCE COMPANY

Principal Place of Business 25800 NORTHWESTERN HIGHWAY PO BOX 2165 SOUTHFIELD MI 2165 US	Mailing Address 25800 NORTHWESTERN HIGHWAY PO BOX 2165 SOUTHFIELD MI 48037-2165 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 38-0779740	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLAR, STEPHEN H 541 MORGAN CIR NORTHVILLE MI 48167 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, CEO DUBGIS, JACQUES E. 969 HIGH RIDGE ROAD STAMFORD, CT 06905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCGRATH, MICHAEL A 7270 KINGSWOOD BLOOMFIELD HILLS MI 48301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P BEISENHERZ, ROBERT L. 969 HIGH RIDGE ROAD STAMFORD, CT 06905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DELIZIA, MICHAEL A. 4410 HARDWOODS DRIVE WEST BLOOMFIELD MI 48323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP STROUP, CHRIS C. 969 HIGH RIDGE ROAD STAMFORD, CT 06905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP JUIP, LEO N. 4391 RAVINEWOOD COMMERCE TWP MI 48382 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP, GC WILSON, W. WELDON 969 HIGH RIDGE ROAD STAMFORD, CT 06905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEE, JAMES T. 875 POND ISLAND COURT NORTHVILLE MI 48167 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date **6-7-00** Daytime Phone # **203/321-3122**

C-32EDX14 (9/99)