

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90260 025 \*\*\*550.00

**DOCUMENT # 815180**  
 1. Entity Name  
**REASSURE AMERICA LIFE INSURANCE COMPANY** ✓

Principal Place of Business <b>25800 NORTHWESTERN HIGHWAY          PO BOX 2165          SOUTHFIELD MI 2165          US</b>	Mailing Address <b>25800 NORTHWESTERN HIGHWAY          PO BOX 2165          SOUTHFIELD MI 48037-2165          US</b>
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2. Principal Place of Business <b>1275 Sandusky Road</b> Suite, Apt. #, etc.	3. Mailing Address <b>1275 Sandusky Road</b> Suite, Apt. #, etc.
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City & State <b>Jacksonville IL</b>	City & State <b>Jacksonville IL</b>
Zip <b>62650</b>	Zip <b>62650</b>
Country <b>USA</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **38-0779740** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V KELLAR, STEPHEN H 541 MORGAN CIR NORTHVILLE MI 48167</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD MCGRATH, MICHAEL A 7270 KINGSWOOD BLOOMFIELD HILLS MI 48301</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP DELIZIA, MICHAEL A. 4410 HARDWOODS DRIVE WEST BLOOMFIELD MI 48323</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP JUIP, LEO N. 4391 RAVINEWOOD COMMERCE TWP MI 48382</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP LEE, JAMES T. 875 POND ISLAND COURT NORTHVILLE MI 48167</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman DUBOIS, JACQUES E 969 HIGH RIDGE ROAD STAMFORD, CT 06905</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chief Executive Officer STROUP, CHRIS C 969 HIGH RIDGE ROAD STAMFORD, CT 06905</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT BEISENHERZ, ROBERT L 1275 Sandusky Road Jacksonville, IL 62650</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President + General Counsel WILSON, W. WELDON 969 High Ridge Road Stamford, CT 06905</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chief Financial Officer + VP Head, Alan D. 969 High Ridge Road Stamford, CT 06905</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary HARRIGAN, PATRICIA D. 969 High Ridge Road Stamford, CT 06905</b> <input type="checkbox"/> Change <input checked="" 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: Patricia D. Harrigan **8-30-01** **203/321-3000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)