

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90137 017 ***550.00

975331



DO NOT WRITE IN THIS SPACE

DOCUMENT # 815180

1. Entity Name
REASSURE AMERICA LIFE INSURANCE COMPANY

Principal Place of Business: 1275 SANDUSKY ROAD, JACKSONVILLE IL 62650, US
 Mailing Address: 1275 SANDUSKY ROAD, JACKSONVILLE IL 62650, US

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

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

5. Certificate of Status Desired: **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 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	C DUBOIS, JACQUES E 969 HIGH RIDGE ROAD STAMFORD CT 06905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STROUP, CHRIS C 969 HIGH RIDGE ROAD STAMFORD CT 06905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC WELDON, WILSON W 969 HIGH RIDGE ROAD STAMFORD CT 06905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HEAD, ALAN D 969 HIGH RIDGE ROAD STAMFORD CT 06905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIGAN, PATRICIA D 969 HIGH RIDGE ROAD STAMFORD CT 06905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEISENHERZ, ROBERT L 1275 SANDUSKY ROAD JACKSONVILLE IL 62650	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DUBOIS, JACQUES E 175 King Street Armonk, NY 10504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and CEO STROUP, CHRIS C 175 King Street Armonk, NY 10504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, GC WILSON, W. WELDON 175 King Street Armonk, NY 10504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ECKERT, RAYMOND A. 175 King Street Armonk, NY 10504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary HARRIGAN, PATRICIA D 175 King Street Armonk, NY 10504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Patricia D Harrigan* 8-9-02 (914) 828-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)