

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90016 009 ***150.00

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



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-0779740**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE FL 32399-0000**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	DUBOIS, JACQUES E	
STREET ADDRESS	175 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	STROUP, CHRIS C	
STREET ADDRESS	175 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	VPGC	<input type="checkbox"/> Delete
NAME	WELDON, WILSON W	
STREET ADDRESS	175 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	ECKERT, RAYMOND A	
STREET ADDRESS	175 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRIGAN, PATRICIA D	
STREET ADDRESS	175 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, W. Weldon	
STREET ADDRESS	175 King Street	
CITY-ST-ZIP	Armonk, NY 10504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond A. Eckert,

2/20/04 877/794-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #