
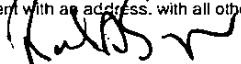


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90050 002 ***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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUBOIS, JACQUES E	NAME	Stephen R. McArthur
STREET ADDRESS	175 KING STREET	STREET ADDRESS	175 King Street
CITY-ST-ZIP	ARMONK, NY 10504	CITY-ST-ZIP	Armonk, NY 10504
TITLE	PCEO <input checked="" type="checkbox"/> Delete	TITLE	CFO/VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROUP, CHRIS C	NAME	Raymond A. Eckert
STREET ADDRESS	175 KING STREET	STREET ADDRESS	175 King Street
CITY-ST-ZIP	ARMONK, NY 10504	CITY-ST-ZIP	Armonk, NY 10504
TITLE	CEOD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELDON, WILSON W	NAME	
STREET ADDRESS	175 KING STREET	STREET ADDRESS	
CITY-ST-ZIP	ARMONK, NY 10504	CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKERT, RAYMOND A	NAME	
STREET ADDRESS	175 KING STREET	STREET ADDRESS	
CITY-ST-ZIP	ARMONK, NY 10504	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIGAN, PATRICIA D	NAME	
STREET ADDRESS	175 KING STREET	STREET ADDRESS	
CITY-ST-ZIP	ARMONK, NY 10504	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		1/26/05	
		877/794-7773	
		Daytime Phone #	