

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90427 039 ***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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country

Zip Country

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 _____
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, 2003 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DUBOIS, JACQUES E <input type="checkbox"/> Delete 175 KING STREET ARMONK NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO STROUP, CHRIS C <input type="checkbox"/> Delete 175 KING STREET ARMONK NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC WELDON, WILSON W <input type="checkbox"/> Delete 175 KING STREET ARMONK NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ECKERT, RAYMOND A <input type="checkbox"/> Delete 175 KING STREET ARMONK NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIGAN, PATRICIA D <input type="checkbox"/> Delete 175 KING STREET ARMONK NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Patricia D Harrigan* **2-25-03** **(914) 828-8687**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)