

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855552

FILED
Apr 09, 2009
Secretary of State

Entity Name: RENAISSANCE LIFE & HEALTH INSURANCE COMPANY

Current Principal Place of Business:

4100 OKEMOS RD
OKEMOS, MI 48864

New Principal Place of Business:

Current Mailing Address:

PO BOX 30381
LANSING, MI 48909

New Mailing Address:

FEI Number: 35-1536282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FLESZAR, THOMAS J DDS MS
Address: 4100 OKEMOS RD
City-St-Zip: OKEMOS, MI 48864

Title: DT () Delete
Name: CZELADA, LAURA L CPA
Address: 4100 OKEMOS RD
City-St-Zip: OKEMOS, MI 48864

Title: SD () Delete
Name: FLOYD, CHARLES D CEBS
Address: 4100 OKEMOS RD
City-St-Zip: OKEMOS, MI 48864

Title: D () Delete
Name: GRIFFITH, KEVIN
Address: 4100 OKEMOS RD
City-St-Zip: OKEMOS, MI 48864

Title: D () Delete
Name: CAHILL, PATRICK T JUDGE
Address: 4100 OKEMOS RD
City-St-Zip: OKEMOS, MI 48864

Title: VP () Delete
Name: CRISP, SHERRY L
Address: 4100 OKEMOS RD
City-St-Zip: OKEMOS, MI 48864

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. FLESZAR, DDS, MS

DP

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date