

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90001 006 ***150.00

DOCUMENT # K26423

1. Entity Name
~~REASSURANCE COMPANY OF HANNOVER~~
HANNOVER LIFE REASSURANCE COMPANY OF AMERICA

Principal Place of Business Mailing Address
800 N MAGNOLIA AVE **800 N MAGNOLIA AVE**
~~STE #1000~~ ~~STE #1000~~
ORLANDO FL 32803 **ORLANDO FL 32803-3254**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. **1400** Suite, Apt. #, etc. **1400**

City & State City & State

Zip **32803-3268** Country Zip **32803-3268** Country

4. FEI Number **59-2859797** Applied For
 Not Applicable

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

BRAZIEL DENNIS D
800 N MAGNOLIA AVE
~~STE #1000~~
ORLANDO FL 32803

Name
Street Address (P.O. Box Number is Not Acceptable)
1400
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.

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALKER, WILLIAM W 800 N MAGNOLIA AVE-#1000 ORLANDO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition # 1400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DTS BRAZIEL, DENNIS D. 800 N MAGNOLIA AVE-#1000 ORLANDO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition #1400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V- GRAY, GARY L. 800 N MAGNOLIA AVE-#1000 ORLANDO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition #1400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DC ZELLER, WILHELM KARL WIECHERT ALLEE 50 HANNOVER GE	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"/> Delete D HAAS, HERBERT K KARL WIECHERT ALLEE 50 30625 HANNOVER GE	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"/> Delete D SULLIVAN, JOHN F 3435 WILSHIRE BLVD #700 LOS ANGELES CA	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: *Annex D. Braziel* Date 4/10/2000 Daytime Phone # 407-649-8411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

K26423

835395

2000
CORPORATION ANNUAL REPORT
REASSURANCE COMPANY OF HANNOVER

59-2859797

Block 11, (con't)

D
Becke, Wolf S.
Karl-Wiechert-Allee 50
30625 Hannover Germany

AVP
Martin, Glen E.
800 N. Magnolia #1400
Orlando, FL 32803

V
Kozij, O. Alex
800 N. Magnolia #1400
Orlando, FL 32803

AVP
Castellanos, Victor E.
800 N. Magnolia #1400
Orlando, FL 32803

AVP
Bathke, Suzanne L.
800 N. Magnolia #1400
Orlando, FL 32803

AVP
Gomes, Pearl J.
800 N. Magnolia #1400
Orlando, FL 32803

CHANGE

AVP
Perz, John W.
800 N. Magnolia #1400
Orlando, FL 32803

AVP
Smith, Paul J.
800 N. Magnolia #1400
Orlando, FL 32803

AVP
Nussbaum, David
112 Main Street #200
East Rockaway, NY 11518

ADD

AVP
Pyatt, William E.
800 N. Magnolia #1400
Orlando, FL 32803

V
Lee, Jonathan W.
800 N. Magnolia #1400
Orlando, FL 32803

V
Najjar, Steven B.
800 N. Magnolia #1400
Orlando, FL 32803

AVP
Sullivan, Carl H.
800 N. Magnolia #1400
Orlando, FL 32803

DV
Schaefer, Peter R.
800 N. Magnolia #1400
Orlando, FL 32803

CHANGE

AVP
Eikleberry, Scott C.
800 N. Magnolia #1400
Orlando, FL 32803

AVP
Campanaro, Joseph A.
800 N. Magnolia #1400
Orlando, FL 32803

AS
Walters, D. Mallory
800 N. Magnolia #1400
Orlando, FL 32803