

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90042 010 ***150.00

0063289

DOCUMENT # K26423

1. Entity Name

HANNOVER LIFE REASSURANCE COMPANY OF AMERICA

Principal Place of Business

800 N MAGNOLIA AVE
 STE 1400
 ORLANDO FL 32803

Mailing Address

800 N MAGNOLIA AVE
 STE 1400
 ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2859797**

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--

BRAZEL DENNIS D
800 N MAGNOLIA AVE
STE 1400
ORLANDO FL 32803

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.

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, 2001 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	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS BRAZEL, DENNIS D. 800 N MAGNOLIA AVE #1000 ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAY, GARY L. 800 N MAGNOLIA AVE #1000 ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ZELLER, WILHELM KARL WIECHERT ALLEE 50 HANNOVER GE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAS, HERBERT K KARL WIECHERT ALLEE 50 30625 HANNOVER GE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JOHN F 3435 WILSHIRE BLVD #700 LOS ANGELES CA	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	#1400	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	#1400	<input checked="" 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	333 SOUTH HOPE STREET # 2400	<input checked="" 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: Dennis D. Brazel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2001 407-649-8411
 Date Daytime Phone #

CR2E034 (10/00)

Attachment

Doc # K26423

2001

CORPORATION ANNUAL REPORT
REASSURANCE COMPANY OF HANNOVER

59-2859797

542292

Block 11, (con't)

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

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

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

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

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

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

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

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

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

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

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

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

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

D
Kelty, William J.
115 South LaSalle St.
Chicago, IL 60602

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

AVP
Dickerson, Michael A.
800 N. Magnolia #1400
Orlando, FL 32803

V
Hagelman, Curt R.
800 N. Magnolia #1400
Orlando, FL 32803

Attachment
Doc. # K26423
V
Sikora, Joseph A.
800 N. Magnolia #1400
Orlando, FL 32803

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