2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K26423

FILED Apr 27, 2005 Secretary of State

Entity Name: HANNOVER LIFE REASSURANCE COMPANY OF AMERICA

Current Principal Place of Business:				New Principal Place of Business:			
800 N MAG STE 1400		LIO.					
ORLANDO, FL 32803 US Current Mailing Address:			New Mailing Address:				
_				New Maining Address.			
800 N MAGNOLIA AVE STE 1400 ORLANDO, FL 32803 US							
FEI Number:	59-2859797	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BRAZIEL DENNIS D 800 N MAGNOLIA AVE STE 1400 ORLANDO, FL 32803 US				MARTIN, GLEN E 800 N MAGNOLIA AVE STE 1400 ORLANDO, FL 32803 US			
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: GLEN E. MARTIN				04/27/2005			
	Electroni	c Signature of Registered Agen	t			Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BRAZIEL, DENN	SNOLIA AVENUE, SUITE 1400		Title: Name: Address: City-St-Zip:	BRAZIEL, DE 800 NORTH	(X) Change()Addition ENNIS D MAGNOLIA AVENUE, SUITE 1400 FL 32803 US	
Title: Name: Address: City-St-Zip:	GRAY, GARY L	Delete GNOLIA AVENUE, SUITE 1400 32803 US		Title: Name: Address: City-St-Zip:	MARTIN, GLI 800 NORTH	(X) Change () Addition EN E MAGNOLIA AVENUE, SUITE 1400 FL 32803 US	
Title: Name: Address: City-St-Zip:	DC () ZELLER, WILHE KARL WIECHER HANNOVER, GE	T ALLEE 50		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	NAJJAR, STEVE	SNOLIA AVENUE, SUITE 1400		Title: Name: Address: City-St-Zip:	BECKE, WO	HERT ALLEE 50	
Title: Name: Address: City-St-Zip:	D () KOENIG, ELKE / KARL WIECHER HANNOVER, GE	T ALLEE 50		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHAEFER, PE	SNOLIA AVENUE, SUITE 1400		Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GLEN E. MARTIN V 04/27/2005