

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K26423

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: HANNOVER LIFE REASSURANCE COMPANY OF AMERICA

**Current Principal Place of Business:**

800 N MAGNOLIA AVE  
STE 1400  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

800 N MAGNOLIA AVE  
STE 1400  
ORLANDO, FL 32803 US

**New Mailing Address:**

FEI Number: 59-2859797      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTIN, GLEN E  
800 N MAGNOLIA AVE  
STE 1400  
ORLANDO, FL 32803 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: D ( ) Delete  
Name: BRAZIEL, DENNIS D  
Address: 800 NORTH MAGNOLIA AVENUE, SUITE 1400  
City-St-Zip: ORLANDO, FL 32803 US

Title: V ( ) Delete  
Name: MARTIN, GLEN E  
Address: 800 NORTH MAGNOLIA AVENUE, SUITE 1400  
City-St-Zip: ORLANDO, FL 32803 US

Title: DC ( ) Delete  
Name: ZELLER, WILHELM  
Address: KARL WIECHERT ALLEE 50  
City-St-Zip: HANNOVER, GE GE

Title: D ( ) Delete  
Name: BECKE, WOLF S  
Address: KARL WIECHERT ALLEE 50  
City-St-Zip: HANNOVER, GE GE

Title: D ( ) Delete  
Name: KOENIG, ELKE A  
Address: KARL WIECHERT ALLEE 50  
City-St-Zip: HANNOVER, GE 30625 GE

Title: DP ( ) Delete  
Name: SCHAEFER, PETER R  
Address: 800 NORTH MAGNOLIA AVENUE, SUITE 1400  
City-St-Zip: ORLANDO, FL 32803 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VTS (X) Change ( ) Addition  
Name: MARTIN, GLEN E  
Address: 800 NORTH MAGNOLIA AVENUE, SUITE 1400  
City-St-Zip: ORLANDO, FL 32803 US

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  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GLEN E. MARTIN

Electronic Signature of Signing Officer or Director

VTS

04/27/2006

\_\_\_\_\_ Date