

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K26423

FILED  
Apr 28, 2010  
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  
**Name:** BRAZIEL, DENNIS D  
**Address:** ONE CITRUS BOWL PLACE  
**City-St-Zip:** ORLANDO, FL 32805 US

**Title:** VTS  
**Name:** MARTIN, GLEN E  
**Address:** 800 NORTH MAGNOLIA AVENUE, SUITE 1400  
**City-St-Zip:** ORLANDO, FL 32803 US

**Title:** D  
**Name:** KELTY, WILLIAM J III  
**Address:** 401 NINTH STREET NW SUITE 400 SOUTH  
**City-St-Zip:** WASHINGTON, DC 20004 GE

**Title:** DC  
**Name:** BECKE, WOLF S  
**Address:** KARL WIECHERT ALLEE 50  
**City-St-Zip:** HANNOVER, GE 30625 GE

**Title:** D  
**Name:** VOGEL, ROLAND  
**Address:** KARL WIECHERT ALLEE 50  
**City-St-Zip:** HANNOVER, GE 30625 GE

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

I hereby 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 all other like empowered.

SIGNATURE: GLEN E. MARTIN

VTS

04/28/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date