

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90099 041 ***150.00

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

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

**BRAZIEL DENNIS D
800 N MAGNOLIA AVE
STE 1400
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DTS <input type="checkbox"/> Delete
NAME	BRAZIEL, DENNIS D.
STREET ADDRESS	800 N MAGNOLIA AVE, STE 1400
CITY-ST-ZIP	ORLANDO FL
TITLE	V <input type="checkbox"/> Delete
NAME	GRAY, GARY L.
STREET ADDRESS	800 N MAGNOLIA AVE, STE 1400
CITY-ST-ZIP	ORLANDO FL
TITLE	DC <input type="checkbox"/> Delete
NAME	ZELLER, WILHELM
STREET ADDRESS	KARL WIECHERT ALLEE 50
CITY-ST-ZIP	HANNOVER GE
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HAAS, HERBERT K
STREET ADDRESS	KARL WIECHERT ALLEE 50
CITY-ST-ZIP	30625 HANNOVER GE
TITLE	D <input type="checkbox"/> Delete
NAME	SULLIVAN, JOHN F
STREET ADDRESS	333 SOUTH HOPE STREET, STE 2400
CITY-ST-ZIP	LOS ANGELES CA
TITLE	D <input type="checkbox"/> Delete
NAME	KOENIG, ELKE A
STREET ADDRESS	KARL WIECHERT ALLEE 50
CITY-ST-ZIP	HANNOVER GE 30625

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dennis D. Braziel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/10/03** Daytime Phone #: **407-649-8411**

CR2E034 (10/02)

Attachment
2003

90055509
K 26423

CORPORATION ANNUAL REPORT
HANNOVER LIFE REASSURANCE COMPANY OF AMERICA

59-2859797

Block 11, (con't)

D

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

V

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

V

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

V

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

AV

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

AV

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

AV

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

V

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

V

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

AV

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

AV

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

DP

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

AV

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

AV

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

D

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

V

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

Attachment

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HANNOVER LIFE REASSURANCE COMPANY OF AMERICA

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59-2859797

Block 11, (con't)

V

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

AV

Mahoney, James J.
800 N. Magnolia #1400
Orlando, FL 32803

V

Burt, Jeffrey R.
800 N. Magnolia #1400
Orlando, FL 32803

AV

Whitekus, Julian
800 N. Magnolia #1400
Orlando, FL 32803