


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P00407
 1. Entity Name
GENERALI USA LIFE REASSURANCE COMPANY



Principal Place of Business Mailing Address
8330 WARD PKWY **PO BOX 419076**
KANSAS CITY, MO 64114 **KANSAS CITY, MO 64141-6076**

DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
13-3126819 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

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

U000008932281
 02/27/08-80053-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RITTER, EDWARD S 10309 NORTH LAKE CIRCLE OLATHE, KS 66061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUCKNER, JOHN C 9714 W. 144TH TERRACE OVERLAND PARK, KS 66221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KINNAMON, JAY B 12528 CONNELL OVERLAND PARK, KS 66213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LYNCH, MICHAEL 3032 SW PERGOLA VIEW LEES SUMMIT, MO 64081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CROUCH, WILLIAM M 13147 ROSEWOOD OVERLAND PK, KS 66209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DICKINSON, TERRY D 2180 XENE LANE N. PLYMOUTH, MN 55447

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Michael J. Lynch **Michael J. Lynch** 2/19/08 (816) 412-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #