

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00407

FILED
Jan 30, 2012
Secretary of State

Entity Name: GENERALI USA LIFE REASSURANCE COMPANY

Current Principal Place of Business:

8801 RENNER AVE
SUITE 300
LENEXA, KS 66219 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 419076
KANSAS CITY, MO 64141 US

New Mailing Address:

FEI Number: 13-3126819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

OFFICERS AND DIRECTORS:

Title: C
Name: CARNICELLI, CHRISTOPHER J
Address: 35 INNES ROAD
City-St-Zip: SCARSDALE, NY 10583 US

Title: P
Name: BRUCKNER, JOHN C
Address: 9714 W. 144TH TERRACE
City-St-Zip: OVERLAND PARK, KS 66221 US

Title: S
Name: KINNAMON, JAY B
Address: 12528 CONNELL
City-St-Zip: OVERLAND PARK, KS 66213 US

Title: T
Name: LYNCH, MICHAEL
Address: 3032 SW PERGOLA VIEW
City-St-Zip: LEES SUMMIT, MO 64081 US

Title: V
Name: KAPPELLER, TAMORA A
Address: 9890 NIEMAN PLACE
City-St-Zip: OVERLAND PK, KS 66214 US

Title: V
Name: DICKINSON, TERRY D
Address: 2180 XENE LANE N.
City-St-Zip: PLYMOUTH, MN 55447 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: MICHAEL J. LYNCH

V.P.

01/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date