



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90067 020 ***158.75

DOCUMENT # P04781			
1. Entity Name REINSURANCE COMPANY OF AMERICA, INC.			
Principal Place of Business 140 S DEARBORN STREET STE 900 CHICAGO, FL 60603-5202		Mailing Address 140 S DEARBORN STREET STE 900 CHICAGO, FL 60603-5202	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 36-2930605		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> XX		\$8.75 Additional Fee Required**	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STEVENS, JOHN L. <input checked="" type="checkbox"/> Delete 140 S DEARBORN STREET STE 900 CHICAGO, IL 60603	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC Kernan, James M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 140 S. Dearborn Street, Suite 900 Chicago, IL 60603-5202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PEARSON, FRED H. <input type="checkbox"/> Delete 140 S DEARBORN STREET STE 900 CHICAGO, IL 60603	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pearson, Fred H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 140 S. Dearborn Street, Suite 900 Chicago, IL 60603-5202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIRIE, WILLIAM <input type="checkbox"/> Delete 140 S DEARBORN STREET STE 900 CHICAGO, FL 60603	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ririe, William G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 140 S. Dearborn Street, Suite 900 Chicago, IL 60603-5202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Desai, Bipinkumar B. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 140 S. Dearborn Street, Suite 900 Chicago, IL 60603-5202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Buhl, Gary R. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 140 S. Dearborn Street, Suite 900 Chicago, IL 60603-5202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kernan, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 140 S. Dearborn Street, Suite 900 Chicago, IL 60603-5202
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: 		James M. Kernan 2/10/05 312-782-9453	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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