


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90040 037 ***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
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2. Principal Place of Business 140 S. Dearborn Street Suite, Apt. #, etc. Suite 1600	3. Mailing Address 140 S. Dearborn Street Suite, Apt. #, etc. Suite 1600
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01052006 Chg-P CR2E034 (11/05)

City & State Chicago, IL	City & State Chicago, IL
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4. FEI Number 36-2930605	Applied For Not Applicable
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Zip 60603-5207	Country USA	Zip 60603-5207	Country USA
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC KERNAN, JAMES M 140 S DEARBORN STREET STE 900 CHICAGO, IL 60603 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARSON, FRED 140 S DEARBORN STREET STE 900 CHICAGO, IL 60603 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIRIE, WILLIAM G 140 S DEARBORN STREET STE 900 CHICAGO, FL 60603 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DASAI, BIPINKUMAR B 140 S DEARBORN STREET, SUITE 900 CHICAGO, IL 606035202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUHL, GARY R 140 S DEARBORN STREET, SUITE 900 CHICAGO, IL 606035202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERNAN, ROBERT 140 S DEARBORN STREET, SUITE 900 CHICAGO, IL 606035202 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC Kernan, James M 140 S. Dearborn Street, Suite 1600 Chicago, IL 60603-5207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ririe, William G 140 S. Dearborn Street, Suite 1600 Chicago, IL 60603-5207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Desai, Bipinkumar B 140 S. Dearborn Street, Suite 1600 Chicago, IL 60603-5207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Buhl, Gary R 140 S. Dearborn Street, Suite 1600 Chicago, IL 60603-5207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kernan, Robert 140 S. Dearborn Street, Suite 1600 Chicago, IL 60603-5207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Bipinkumar B. Desai 1-30-06 (315) 768-2726
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #