

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P07735 (4)
 1. Corporation Name

LIFE REASSURANCE CORPORATION OF AMERICA



Principal Place of Business: **969 HIGH RIDGE ROAD STAMFORD CT 06905**
 Mailing Address: **969 HIGH RIDGE ROAD STAMFORD CT 06905**

3. Date Incorporated or Qualified: **10/14/1985**
 3a. Date of Last Report: **03/16/1995**

2. Principal Place of Business: **21**
 2a. Mailing Address: **26**

4. FEI Number: **06-0839705**
 Applied For: Not Applicable

Suite, Apt. #, etc: **22**
 Suite, Apt. #, etc: **27**

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

City & State: **23**
 City & State: **28**

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

Zip: **24** Country: **25**
 Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32301**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature type for professional or licensed agent and if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HAWES, RODNEY A JR	
STREET ADDRESS	969 HIGH RIDGE ROAD	
CITY - ST - ZIP	STAMFORD CT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUBOIS, JACQUES E.	
STREET ADDRESS	969 HIGH RIDGE ROAD	
CITY - ST - ZIP	STAMFORD CT	
TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	WILSON, WELDON W.	
STREET ADDRESS	969 HIGH RIDGE ROAD	
CITY - ST - ZIP	STAMFORD CT	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	FILOROMO, SAMUEL V.	
STREET ADDRESS	969 HIGH RIDGE ROAD	
CITY - ST - ZIP	STAMFORD CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHAIR, DOUGLAS M	
STREET ADDRESS	969 HIGH RIDGE ROAD	
CITY - ST - ZIP	STAMFORD CT	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CORRIGAN, R D	
STREET ADDRESS	969 HIGH RIDGE RD	
CITY - ST - ZIP	STAMFORD CT	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Wilson, Weldon W.
33 STREET ADDRESS	969 High Ridge Road
34 CITY - ST - ZIP	Stamford, CT
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	Executive Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Stroup, Chris C.
63 STREET ADDRESS	969 High Ridge Road
64 CITY - ST - ZIP	Stamford, CT 06905

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Weldon Wilson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 11, 1996 203/321-3122

CR2E034 (3/96)