

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

1/1000

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90091 036 ***150.00

DOCUMENT # P07735

1. Corporation Name
LIFE REASSURANCE CORPORATION OF AMERICA



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/14/1985	
21	26	4. FEI Number 06-0839705		Applied For -- Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	EVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HAWES, RODNEY A JR		1.2 NAME	BEISENHERZ, ROBERT L.			
STREET ADDRESS	969 HIGH RIDGE ROAD		1.3 STREET ADDRESS	8301 East Prentice Ave. Suite 303			
CITY-ST-ZIP	STAMFORD CT		1.4 CITY-ST-ZIP	Englewood, CO 80111			
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DUBOIS, JACQUES E.		2.2 NAME				
STREET ADDRESS	969 HIGH RIDGE ROAD		2.3 STREET ADDRESS				
CITY-ST-ZIP	STAMFORD CT		2.4 CITY-ST-ZIP				
TITLE	EVP	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILSON, WELDON W		3.2 NAME				
STREET ADDRESS	969 HIGH RIDGE ROAD		3.3 STREET ADDRESS				
CITY-ST-ZIP	STAMFORD CT		3.4 CITY-ST-ZIP				
TITLE	EVP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FILOROMO, SAMUEL V.		4.2 NAME				
STREET ADDRESS	969 HIGH RIDGE ROAD		4.3 STREET ADDRESS				
CITY-ST-ZIP	STAMFORD CT		4.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCHAIR, DOUGLAS M		5.2 NAME				
STREET ADDRESS	969 HIGH RIDGE ROAD		5.3 STREET ADDRESS				
CITY-ST-ZIP	STAMFORD CT		5.4 CITY-ST-ZIP				
TITLE	EVP	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STROUP, CHRIS C		6.2 NAME				
STREET ADDRESS	969 HIGH RIDGE RD		6.3 STREET ADDRESS				
CITY-ST-ZIP	STAMFORD CT		6.4 CITY-ST-ZIP				

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 1.25.99 Daytime Phone #: 203/321-3022

CR2E034 (11/98)