

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90060 021 \*\*\*150.00

**DOCUMENT # P07735**

1. Entity Name

**LIFE REASSURANCE CORPORATION OF AMERICA**

Principal Place of Business

Mailing Address

969 HIGH RIDGE ROAD  
 STAMFORD CT 06905

969 HIGH RIDGE ROAD  
 STAMFORD CT 06905-1608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-0839705**

Applied For  
 Not Applied For

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **EVP BEISENHERZ, ROBERT L**  
 STREET ADDRESS **8301 EAST PRENTICE AVE., SUITE 303**  
 CITY-ST-ZIP **ENGLEWOOD CO. 80111**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD DUBOIS, JACQUES E.**  
 STREET ADDRESS **969 HIGH RIDGE ROAD**  
 CITY-ST-ZIP **STAMFORD CT**

TITLE  Change  Addition  
 NAME **Chairman, CEO DUBOIS, JACQUES E.**  
 STREET ADDRESS **969 HIGH RIDGE ROAD**  
 CITY-ST-ZIP **STAMFORD, CT 06905**

TITLE  Delete  
 NAME **EVP WILSON, WELDON W**  
 STREET ADDRESS **969 HIGH RIDGE ROAD**  
 CITY-ST-ZIP **STAMFORD CT**

TITLE  Change  Addition  
 NAME **EVP, General Counsel, Secretary WILSON, W. WELDON**  
 STREET ADDRESS **969 HIGH RIDGE ROAD**  
 CITY-ST-ZIP **STAMFORD, CT 06905**

TITLE  Delete  
 NAME **EVP STROUP, CHRIS C**  
 STREET ADDRESS **969 HIGH RIDGE RD**  
 CITY-ST-ZIP **STAMFORD CT**

TITLE  Change  Addition  
 NAME **President STROUP, CHRIS C**  
 STREET ADDRESS **969 HIGH RIDGE ROAD**  
 CITY-ST-ZIP **STAMFORD, CT 06905**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-24-00** **203-321-3122**  
 Date Daytime Phone #