

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P07735**

1. Entity Name

**LIFE REASSURANCE CORPORATION OF AMERICA****FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

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

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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **06-0839705**Applied For  
Not Applied For5. Certificate of Status Desired ☐**\$8.75-Additional  
Fee Required**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP  
BEISENHERZ, ROBERT L  
8301 EAST PRENTICE AVE., SUITE 303  
ENGLEWOOD CO 80111** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DUBOIS, JACQUES E.  
969 HIGH RIDGE ROAD  
STAMFORD CT** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Chairman, CEO  
DUBOIS, JACQUES E.  
969 HIGH RIDGE ROAD  
STAMFORD, CT 06905** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP  
WILSON, WELDON W  
969 HIGH RIDGE ROAD  
STAMFORD CT** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP, General Counsel, Secretary  
WILSON, W. WELDON  
969 HIGH RIDGE ROAD  
STAMFORD, CT 06905** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP  
STROUP, CHRIS C  
969 HIGH RIDGE RD  
STAMFORD CT** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
STROUP, CHRIS C  
969 HIGH RIDGE ROAD  
STAMFORD, CT 06905** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

Date

203-321-3122

Daytime Phone #