

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K26423

**FILED**  
**Mar 20, 2019**  
**Secretary of State**  
**0257322266CC**

**Entity Name:** HANNOVER LIFE REASSURANCE COMPANY OF AMERICA

**Current Principal Place of Business:**

200 S. ORANGE AVENUE - SUITE 1900  
ORLANDO, FL 32801

**Current Mailing Address:**

200 S. ORANGE AVENUE - SUITE 1900  
ORLANDO, FL 32801 US

**FEI Number:** 59-2859797

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NAJJAR, STEVEN B  
200 S. ORANGE AVE  
STE 1900  
ORLANDO, FL 32801 US

*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:** STEVEN B. NAJJAR

03/20/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SVP/TREASURER  
Name MARTIN, GLEN E  
Address 200 S. ORANGE AVENUE - SUITE 1900  
City-State-Zip: ORLANDO FL 32801

Title CFO, EXECUTIVE VICE PRESIDENT  
Name THOMPSON, CLINTON J  
Address 200 S. ORANGE AVENUE - SUITE 1900  
City-State-Zip: ORLANDO FL 32801

Title CEO, DIRECTOR  
Name SCHAEFER, PETER R  
Address 200 S. ORANGE AVENUE - SUITE 1900  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR, VC  
Name MILLER, KLAUS DR.  
Address KARL WIECHERT ALLEE 50  
30625  
City-State-Zip: HANNOVER GERMANY

Title DIRECTOR  
Name KELTY, WILLIAM J  
Address 19 ICE VALLEY ROAD  
City-State-Zip: OSTERVILLE MA 02655

Title DIRECTOR  
Name VOGEL, ROLAND  
Address KARL WIECHERT ALLEE 50  
30625  
City-State-Zip: HANNOVER GERMANY

Title DIRECTOR  
Name SCHEPER, CHARLES  
Address 632 RUSSELL STREET  
City-State-Zip: COVINGTON KY 41011

Title DIRECTOR  
Name BRAZIEL, DENNIS  
Address 10149 QUAIL COVEY  
City-State-Zip: BOYNTON BEACH FL 33436

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEAH WASSUM

**ASSISTANT SECRETARY**

03/20/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title EXECUTIVE VICE PRESIDENT/SECRETARY  
Name NAJJAR, STEVEN B  
Address 200 S. ORANGE AVENUE - SUITE 1900  
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT  
Name BURT, JEFFREY  
Address 200 S. ORANGE AVENUE - SUITE 1900  
City-State-Zip: ORLANDO FL 32801

Title EXECUTIVE VICE PRESIDENT & COO  
Name SMITH, LISA  
Address 4500 CHERRY CREEK DRIVE SOUTH  
1100  
City-State-Zip: GLENDALE CO 80246

Title ASSISTANT SECRETARY  
Name WASSUM, LEAH  
Address 200 S. ORANGE AVENUE - SUITE 1900  
City-State-Zip: ORLANDO FL 32801