

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00407

**Entity Name:** GENERALI USA LIFE REASSURANCE COMPANY**Current Principal Place of Business:**11625 ROSEWOOD STREET  
SUITE 300  
LEAWOOD, KS 66211**Current Mailing Address:**PO BOX 419076  
KANSAS CITY, MO 64141 US**FEI Number:** 13-3126819**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	C
Name	CARNICELLI, CHRISTOPHER J
Address	35 INNES ROAD
City-State-Zip:	SCARSDALE NY 10583

Title	P
Name	BRUCKNER, JOHN C
Address	9714 W. 144TH TERRACE
City-State-Zip:	OVERLAND PARK KS 66221

Title	S
Name	KINNAMON, JAY B
Address	12528 CONNELL
City-State-Zip:	OVERLAND PARK KS 66213

Title	T
Name	LYNCH, MICHAEL
Address	3032 SW PERGOLA VIEW
City-State-Zip:	LEES SUMMIT MO 64081

Title	V
Name	KAPELLER, TAMORA A
Address	9890 NIEMAN PLACE
City-State-Zip:	OVERLAND PK KS 66214

Title	V
Name	DICKINSON, TERRY D
Address	2180 XENE LANE N.
City-State-Zip:	PLYMOUTH MN 55447

*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: MICHAEL J. LYNCH****V.P. TREASURER &  
CONTROLLER****01/28/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date