2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# 809871

Entity Name: RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

69 LYDECKER STREET
NYACK, NY 10960 US

New Principal Place of Business:

4100 OKEMOS ROAD
OKEMOS, MI 48864 US

Current Mailing Address:

69 LYDECKER STREET
NYACK, NY 10960 US

New Mailing Address:

PO BOX 30381
LANSING, MI 48909 US

FEI Number: 47-0397286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SZEMEREDY, MICHAEL MR.
4506 NETHERWOOD DRIVE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: KURZ, HERBERT
Address: 69 LYDECKER STREET
City-St-Zip: NYACK, NY 10960

Title: PRES ( ) Delete
Name: BARNES, DONALD
Address: 69 LYDECKER STREET
City-St-Zip: NYACK, NY 10960

Title: S ( ) Delete
Name: DASH, KATHLEEN
Address: 69 LYDECKER STREET
City-St-Zip: NYACK, NY 10960

Title: CFO ( ) Delete
Name: SNYDER, CHARLES
Address: 69 LYDECKER STREET
City-St-Zip: NYACK, NY 10960

Title: AVP (X) Delete
Name: COSTELLO, DEE
Address: 69 LYDECKER STREET
City-St-Zip: NYACK, NY 10960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change ( ) Addition
Name: FLESZAR, THOMAS J DDS MS
Address: 4100 OKEMOS RD
City-St-Zip: OKEMOS, MI 48864

Title: D, T (X) Change ( ) Addition
Name: CZELADA, LAURA L CPA
Address: 4100 OKEMOS RD
City-St-Zip: OKEMOS, MI 48864

Title: D, S (X) Change ( ) Addition
Name: CAHILL, PATRICK T
Address: 4100 OKEMOS RD
City-St-Zip: OKEMOS, MI 48864

Title: VP (X) Change ( ) Addition
Name: RICE, LONELL D
Address: 4100 OKEMOS RD
City-St-Zip: OKEMOS, MI 48864

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS J FLESZAR DDS MS PRES 04/28/2006

Electronic Signature of Signing Officer or Director Date