

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811918

FILED
Apr 15, 2008
Secretary of State

Entity Name: REASSURE AMERICA LIFE INSURANCE COMPANY

Current Principal Place of Business:

175 KING STREET
ARMONK, NY 10504

New Principal Place of Business:

Current Mailing Address:

175 KING STREET
ARMONK, NY 10504

New Mailing Address:

FEI Number: 23-6200031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: VCFO () Delete
Name: WYATT, ROBYN A
Address: 175 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: CEO () Delete
Name: WILSON, W. WELDON
Address: 175 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: VPD () Delete
Name: ECKERT, RAYMOND A
Address: 175 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: VPD () Delete
Name: ARNOLD, NEAL E
Address: 1700 MAGNAVOX WAY
City-St-Zip: FORT WAYNE, IN 46804

Title: VPT () Delete
Name: BRUNNEGRAFF, THOMAS J
Address: 175 KING ST
City-St-Zip: ARMONK, NY 10504

Title: VPS () Delete
Name: THOMPSON, ANN E
Address: 5200 METCALF AVENUE
City-St-Zip: OVERLAND PARK, KS 62002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARK LEMON

AS

04/15/2008

Electronic Signature of Signing Officer or Director

Date