

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90006 027 ***550.00

DOCUMENT # 815180

1. Entity Name

~~ROYAL MACCABEES LIFE INSURANCE COMPANY XXX~~

REASSURE AMERICA LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

25800 NORTHWESTERN HIGHWAY
 PO BOX 2165
 SOUTHFIELD MI 2165
 US

25800 NORTHWESTERN HIGHWAY
 PO BOX 2165
 SOUTHFIELD MI 48037-2165
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-0779740**

Applied For

Not Applicable

5. 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

**INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32304**

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 **V** ☒ Delete
 NAME **KELLAR, STEPHEN H**
 STREET ADDRESS **541 MORGAN CIR**
 CITY-ST-ZIP **NORTHVILLE MI 48167**

TITLE **D, CEO** ☐ Change ☒ Addition
 NAME **DUBOIS, JACQUES E.**
 STREET ADDRESS **969 HIGH RIDGE ROAD**
 CITY-ST-ZIP **STAMFORD, CT 06905**

TITLE **VSD** ☒ Delete
 NAME **MCGRATH, MICHAEL A**
 STREET ADDRESS **7270 KINGSWOOD**
 CITY-ST-ZIP **BLOOMFIELD HILLS MI 48301**

TITLE **D, P** ☐ Change ☒ Addition
 NAME **BEISENHERZ, ROBERT L.**
 STREET ADDRESS **969 HIGH RIDGE ROAD**
 CITY-ST-ZIP **STAMFORD, CT 06905**

TITLE **SVP** ☒ Delete
 NAME **DELIZIA, MICHAEL A.**
 STREET ADDRESS **4410 HARDWOODS DRIVE**
 CITY-ST-ZIP **WEST BLOOMFIELD MI 48323**

TITLE **D, VP** ☐ Change ☒ Addition
 NAME **STROUP, CHRIS C.**
 STREET ADDRESS **969 HIGH RIDGE ROAD**
 CITY-ST-ZIP **STAMFORD, CT 06905**

TITLE **SVP** ☒ Delete
 NAME **JUIP, LEO N.**
 STREET ADDRESS **4391 RAVINEWOOD**
 CITY-ST-ZIP **COMMERCE TWP MI 48382**

TITLE **D, VP, GC** ☐ Change ☒ Addition
 NAME **WILSON, W. WELDON**
 STREET ADDRESS **969 HIGH RIDGE ROAD**
 CITY-ST-ZIP **STAMFORD, CT 06905**

TITLE **DP** ☒ Delete
 NAME **LEE, JAMES T.**
 STREET ADDRESS **875 POND ISLAND COURT**
 CITY-ST-ZIP **NORTHVILLE MI 48167**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-00

Date

203/321-3122

Daytime Phone #

C-32EX14 (9/99)