

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90260 025 ***550.00

DOCUMENT # 815180

1. Entity Name

REASSURE AMERICA LIFE INSURANCE COMPANY

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

1275 Sandusky Road

Suite, Apt. #, etc.

3. Mailing Address

1275 Sandusky Road

Suite, Apt. #, etc.

City & State

Jacksonville IL

City & State

Jacksonville IL

Zip

62650

Country

USA

Zip

62650

Country

USA

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

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

7. Name and Address of New Registered Agent

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KELLAR, STEPHEN H	
STREET ADDRESS	541 MORGAN CIR	
CITY-ST-ZIP	NORTHVILLE MI 48167	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	MCGRATH, MICHAEL A	
STREET ADDRESS	7270 KINGSWOOD	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48301	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	DELIZIA, MICHAEL A.	
STREET ADDRESS	4410 HARDWOODS DRIVE	
CITY-ST-ZIP	WEST BLOOMFIELD MI 48323	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	JUIP, LEO N.	
STREET ADDRESS	4391 RAVINEWOOD	
CITY-ST-ZIP	COMMERCE TWP MI 48382	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LEE, JAMES T.	
STREET ADDRESS	875 POND ISLAND COURT	
CITY-ST-ZIP	NORTHVILLE MI 48167	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUBOIS, JACQUES E	
STREET ADDRESS	969 HIGH RIDGE ROAD	
CITY-ST-ZIP	STAMFORD, CT 06905	
TITLE	Chief Executive Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STROUP, CHRIS C	
STREET ADDRESS	969 HIGH RIDGE ROAD	
CITY-ST-ZIP	STAMFORD, CT 06905	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEISENHERZ, ROBERT L	
STREET ADDRESS	1275 Sandusky Road	
CITY-ST-ZIP	Jacksonville, IL 62650	
TITLE	Vice President + General Counsel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, W. WELDON	
STREET ADDRESS	969 High Ridge Road	
CITY-ST-ZIP	Stamford, CT 06905	
TITLE	Chief Financial Officer + VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Head, Alan D.	
STREET ADDRESS	969 High Ridge Road	
CITY-ST-ZIP	Stamford, CT 06905	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIGAN, PATRICIA D.	
STREET ADDRESS	969 High Ridge Road	
CITY-ST-ZIP	Stamford, CT 06905	

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:

Patricia D. Harrigan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-01

Date

203/321-3000

Daytime Phone #

CR2E034 (5/01)