

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90016 009 \*\*\*150.00

**DOCUMENT # 815180**

1. Entity Name

REASSURE AMERICA LIFE INSURANCE COMPANY



Principal Place of Business

1275 SANDUSKY ROAD  
JACKSONVILLE IL 62650  
US

Mailing Address

1275 SANDUSKY ROAD  
JACKSONVILLE IL 62650  
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

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE FL 32399-0000

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete  
NAME DUBOIS, JACQUES E  
STREET ADDRESS 175 KING STREET  
CITY-ST-ZIP ARMONK NY 10504

TITLE CEO ☒ Change ☐ Addition  
NAME Wilson, W. Weldon  
STREET ADDRESS 175 King Street  
CITY-ST-ZIP Armonk, NY 10504

TITLE PCEO ☒ Delete  
NAME STROUP, CHRIS C  
STREET ADDRESS 175 KING STREET  
CITY-ST-ZIP ARMONK NY 10504

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

TITLE VPGC ☐ Delete  
NAME WELDON, WILSON W  
STREET ADDRESS 175 KING STREET  
CITY-ST-ZIP ARMONK NY 10504

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

TITLE CFO ☐ Delete  
NAME ECKERT, RAYMOND A  
STREET ADDRESS 175 KING STREET  
CITY-ST-ZIP ARMONK NY 10504

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

TITLE S ☐ Delete  
NAME HARRIGAN, PATRICIA D  
STREET ADDRESS 175 KING STREET  
CITY-ST-ZIP ARMONK NY 10504

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Raymond A. Eckert*

Raymond A. Eckert,

2/20/04 877/794-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #