FILE FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10: 09

DOCUMENT # 852199 (9)

1. Corporation Name
SAINT LOUIS REINSURANCE COMPANY

Principal Place of Business	Mailing Address
666 MASON RIDGE CNTR DR S300 ST. LOUIS MO 63141 US	666 MASON RIDGE CNTR DR S300 ST. LOUIS MO 63141 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1982
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 660 Mason Ridge Center Dr.	26 660 Mason Ridge Center Dr.
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State: St. Louis, Mo	28 City & State: St. Louis, Mo
24 Zip: 63141 25 Country	29 Zip: 63141 30 Country

4. FEI Number: 43-1235868 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAHILL, G. SCOTT 131 PARK LAKE STREET ORLANDO FL 32803	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when manually) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	T/D	☒ Change ☐ Addition
NAME	WOODRING, ALBERT GREG	12 NAME	Woodring, A. Greig	
STREET ADDRESS	700 MARKET STREET	13 STREET ADDRESS	660 Mason Ridge Center Drive	
CITY ST ZIP	ST. LOUIS MO	14 CITY ST ZIP	St Louis, Mo 63141	
TITLE	SD	21 TITLE	S	☒ Change ☐ Addition
NAME	SHERMAN, JAMES E.	22 NAME	Sherman, James E.	
STREET ADDRESS	400 MARKET ST	23 STREET ADDRESS	660 Mason Ridge Center Drive	
CITY ST ZIP	ST. LOUIS MO	24 CITY ST ZIP	St. Louis, MO 63141	
TITLE	TD	31 TITLE	Treasurer/D	☒ Change ☐ Addition
NAME	RUBENSTEIN, LEONARD M.	32 NAME	Edward Thomas Hughes	
STREET ADDRESS	700 MARKET STREET	33 STREET ADDRESS	660 Mason Ridge Center Drive	
CITY ST ZIP	ST. LOUIS MO	34 CITY ST ZIP	St. Louis, Mo 63141	
TITLE	VD	41 TITLE		☒ Change ☐ Addition
NAME	ATKINSON, DAVID BLAINE	42 NAME		
STREET ADDRESS	700 MARKET ST	43 STREET ADDRESS	660 Mason Ridge Center Drive	
CITY ST ZIP	ST. LOUIS MO	44 CITY ST ZIP	St. Louis, MO 63141	
TITLE	VPC	51 TITLE	V/Controller	☒ Change ☐ Addition
NAME	LYNCH, TERRY M	52 NAME	Todd C. Larson	
STREET ADDRESS	666 MASON RIDGE CNTR DR S300	53 STREET ADDRESS	660 Mason Ridge Center Drive	
CITY ST ZIP	ST LOUIS, MO 00000	54 CITY ST ZIP	St. Louis, MO 63141	
TITLE	D	61 TITLE	Executive V.P. and C.F.O.	☒ Change ☐ Addition
NAME	BANSTETTER, ROBERT J. SR	62 NAME	Jack Brian Lay	
STREET ADDRESS	700 MARKET ST	63 STREET ADDRESS	660 Mason Ridge Center Drive	
CITY ST ZIP	ST LOUIS, MO 00000	64 CITY ST ZIP	St. Louis, Mo 63141	

RECEIVED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack B. Lay Executive Vice President/CFO 5/17/95 (314)453-7439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date Daytime Phone #

0468850 FP