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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 852199

(9)

1. Corporation Name

RGa REINSURANCE COMPANY

Principal Place of Business

660 MASON RIDGE CENTER DR
ST LOUIS MO 63141
US

Mailing Address

660 MASON RIDGE CENTER DR
ST LOUIS MO 63141-8557
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current 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

3. Date Incorporated or Qualified

03/16/1982

3a. Date of Last Report

03/14/1996

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

10. Name and Address of New Registered Agent

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 of the registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WOODRING, A. GREIG
STREET ADDRESS 600 MASON RIDGE CENTER DR
CITY-ST-ZIP ST. LOUIS MO 63141

TITLE S ☐ DELETE

NAME SHERMAN, JAMES E.
STREET ADDRESS 600 MASON RIDGE CENTER DR
CITY-ST-ZIP ST. LOUIS MO 63141

TITLE TD ☐ DELETE

NAME HUGHES, EDWARD THOMAS
STREET ADDRESS 660 MASON RIDGE CENTER DR
CITY-ST-ZIP ST. LOUIS MO 63141

TITLE VD ☐ DELETE

NAME ATKINSON, DAVID BLAINE
STREET ADDRESS 660 MASON RIDGE CENTER DR
CITY-ST-ZIP ST. LOUIS MO 63141

TITLE VC ☐ DELETE

NAME LARSON, TODD C
STREET ADDRESS 660 MASON RIDGE CENTER DR
CITY-ST-ZIP ST LOUIS MO 63141

TITLE VCFO ☐ DELETE

NAME LAY, JACK B
STREET ADDRESS 660 MASON RIDGE CENTER DR
CITY-ST-ZIP ST LOUIS MO 63141

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 660 mason Ridge Center Dr

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 660 mason Ridge Center Dr

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

Todd C. Larson Todd C. Larson

2-18-97

(314) 453-7862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)