


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/16/1982	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 43-1235868		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CAHILL, G. SCOTT 131 PARK LAKE STREET ORLANDO FL 32803				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODRING, A. GREIG	1.2 NAME	
STREET ADDRESS	660 MASON RIDGE CENTER DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, JAMES E.	2.2 NAME	
STREET ADDRESS	660 MASON RIDGE CENTER DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, EDWARD THOMAS	3.2 NAME	
STREET ADDRESS	660 MASON RIDGE CENTER DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO 63141	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, DAVID BLAINE	4.2 NAME	
STREET ADDRESS	660 MASON RIDGE CENTER DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO 63141	4.4 CITY - ST - ZIP	
TITLE	VC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, TODD C	5.2 NAME	
STREET ADDRESS	660 MASON RIDGE CENTER DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST LOUIS MO 63141	5.4 CITY - ST - ZIP	
TITLE	VCFO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAY, JACK B	6.2 NAME	
STREET ADDRESS	660 MASON RIDGE CENTER DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST LOUIS MO 63141	6.4 CITY - ST - ZIP	

14. 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 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. Lay *TODD C. LAYSON*

1-5-98

(314) 453-7262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0504643

CR2E034 (10/97)