

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90081 010 ***150.00

DOCUMENT # 852199

1. Entity Name

RGA REINSURANCE COMPANY

Principal Place of Business

Mailing Address

660 MASON RIDGE CENTER DR
 ST LOUIS MO 63141
 US

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

2. Principal Place of Business

1370 Timberlake Manor Pkwy
 Suite, Apt. #, etc.

3. Mailing Address

1370 Timberlake Manor Pkwy
 Suite, Apt. #, etc.

City & State

Chesterfield, MO

Zip

63017-6039

Country

US

City & State

Chesterfield, MO

Zip

63017-6039

Country

US

4. FEI Number

43-1235868

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

CAHILL, G. SCOTT
 131 PARK LAKE STREET
 ORLANDO FL 32803

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WOODRING, A. GREIG	
STREET ADDRESS	660 MASON RIDGE CENTER DR	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHERMAN, JAMES E.	
STREET ADDRESS	660 MASON RIDGE CENTER DR	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUGHES, EDWARD THOMAS	
STREET ADDRESS	660 MASON RIDGE CENTER DR	
CITY-ST-ZIP	ST. LOUIS MO 63141	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ATKINSON, DAVID B	
STREET ADDRESS	660 MASON RIDGE CENTER DRIVE	
CITY-ST-ZIP	ST. LOUIS MO 63141	
TITLE	VC	<input type="checkbox"/> Delete
NAME	LARSON, TODD C	
STREET ADDRESS	660 MASON RIDGE CENTER DR	
CITY-ST-ZIP	ST LOUIS MO 63141	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	LAY, JACK B	
STREET ADDRESS	660 MASON RIDGE CENTER DR	
CITY-ST-ZIP	ST LOUIS MO 63141	

TITLE	PD / CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Atkinson, David B	
STREET ADDRESS	1370 Timberlake Manor Pkwy.	
CITY-ST-ZIP	Chesterfield, MO 63017-6039	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sherman, James E.	
STREET ADDRESS	1370 Timberlake Manor Parkway	
CITY-ST-ZIP	Chesterfield, MO 63017-6039	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hughes, Edward Thomas	
STREET ADDRESS	1370 Timberlake Manor Pkwy.	
CITY-ST-ZIP	Chesterfield, MO 63017-6039	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schuster, Paul A.	
STREET ADDRESS	1370 Timberlake Manor Pkwy	
CITY-ST-ZIP	Chesterfield, MO 63017-6039	
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larson, Todd C	
STREET ADDRESS	1370 Timberlake Manor Pkwy	
CITY-ST-ZIP	Chesterfield, MO 63017-6039	
TITLE	VCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lay, Jack B	
STREET ADDRESS	1370 Timberlake Manor Pkwy	
CITY-ST-ZIP	Chesterfield, MO 63017-6039	

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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Todd C. Larson

1-10-00

Date

(636) 736-7454

Daytime Phone #

CFR2034 (9/99)