

852199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

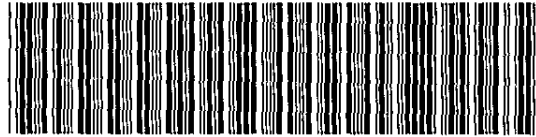
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA
Change

11/09/04--01039--021 **35.00

RECEIVED
04 NOV -9 AM 11:02
DEPARTMENT OF STATE
DIVISION OF REGISTRATIONS
TALLAHASSEE, FLORIDA

FILED
04 NOV -9 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RR
11/9/04

CT CORPORATION

November 9, 2004

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 6232347 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

RGA REINSURANCE COMPANY (MO)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Manager Fulfill Ctr
Connie_Bryan@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Missouri
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation : RGA Reinsurance Company

2. The mailing address of the corporation : 1 370 TIMBERLAKE MANOR PKWY, CHESTERFIELD,
MO 63017-6039

3. Date of incorporation/qualification: 3/16/1982 Document number: 852196

4. The name and address of the current registered agent and office:

CAHILL, G. SCOTT

131 PARK LAKE STREET

ORLANDO, FL 32803

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road,

Plantation, Florida 33324

FILED
OCT - 9 PM 12:51
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

October 18, 2004
(Date)

James E. Sherman, Executive Vice President, General Counsel & Secretary
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System

By: (Signature of Registered Agent)

(Signature of Registered Agent)

11/8/04
(Date)

If signing on behalf of an entity:

Michael J. Mitchell
Assistant Secretary

(Typed or Printed Name)

(Capacity)

***** FILING FEE: \$35.00 *****