


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 852199</b> 1. Entity Name RGA REINSURANCE COMPANY	
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Principal Place of Business 1370 TIMBERLAKE MANOR PKWY CHESTERFIELD, MO 63017-6039 US	Mailing Address 1370 TIMBERLAKE MANOR PKWY CHESTERFIELD, MO 63017-6039 US
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**DO NOT WRITE IN THIS SPACE**

01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 43-1235868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ATKINSON, DAVID B 1370 TIMBERLAKE MANOR PKWY CHESTERFIELD, MO 630176039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SHERMAN, JAMES E. 1370 TIMBERLAKE MANOR PKWY CHESTERFIELD, MO 630176039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHUSTER, PAUL A 1370 TIMBERLAKE MANOR PKWY CHESTERFIELD, MO 630176039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCTD LARSON, TODD C 1370 TIMBERLAKE MANOR PKWY CHESTERFIELD, MO 630176039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFD LAY, JACK B 1370 TIMBERLAKE MANOR PKWY CHESTERFIELD, MO 630176039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000631002  
02/20/07-80029-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** Todd C. Larson Todd C. Larson January 23, 2007 (636) 936-7362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #