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Mar 06 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 # 854241 (7)

1. Corporation Name:

REASSURE AMERICA LIFE INSURANCE COMPANY

Principal Place of Business

300 E STATE ST
JACKSONVILLE IL 62650-2030
US

Mailing Address

300 E STATE ST
JACKSONVILLE IL 62650-2030
US



3. Date Incorporated or Qualified

09/30/1982

3a. Date of Last Report

03/08/1996

4. FEI Number

36-3155843

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME HAWES, RODNEY A. JR
STREET ADDRESS 364 LAUREL ROAD
CITY-ST-ZIP NEW CANAAN CT

TITLE VCD ☐ DELETE

NAME SCHAIR, DOUGLAS M.
STREET ADDRESS PO BOX 28
CITY-ST-ZIP SOUTH FREEPORT MN

TITLE PD ☐ DELETE

NAME BEISENHERZ, ROBERT L.
STREET ADDRESS 4732 PINWOOD CIR
CITY-ST-ZIP LITTLETON CO

TITLE CEO ☐ DELETE

NAME DUBOIS, JACQUES E. JR
STREET ADDRESS 37 CALHOUN DR
CITY-ST-ZIP GREENWICH CT

TITLE VTD ☐ DELETE

NAME FILOROMO, SAMUEL V. JR
STREET ADDRESS 133 INDIAN CAVE ROAD
CITY-ST-ZIP RIDGEFIELD CT

TITLE VSD ☐ DELETE

NAME WILSON, WELDON W.
STREET ADDRESS 488 NORTH ST
CITY-ST-ZIP RIDGEFIELD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

South Freeport, ME 04078

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

Wilson, W. Weldon

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: X Robert L Beisenherz, President 800-637-4475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/96)