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Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/30/1982	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 36-3155843		Applied For 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	30		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

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 *Robert M. Bulthaup* DATE 02/25/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD NAME HAWES, RODNEY A. JR STREET ADDRESS 384 LAUREL ROAD CITY-ST-ZIP NEW CANAAN CT	<input type="checkbox"/> DELETE	1.1 TITLE VP 1.2 NAME Robert M. Bulthaup 1.3 STREET ADDRESS 5976 S. Leyden Street 1.4 CITY-ST-ZIP Englewood, CO 80111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VCD NAME SCHAIR, DOUGLAS M. STREET ADDRESS PO BOX 26 CITY-ST-ZIP SOUTH FREEPORT ME	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME BEISENHERZ, ROBERT L. STREET ADDRESS 4732 PINWOOD CIR CITY-ST-ZIP LITTLETON CO	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CEO NAME DUBOIS, JACQUES E. JR STREET ADDRESS 37 CALHOUN DR CITY-ST-ZIP GREENWICH CT	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VTD NAME FILOROMO, SAMUEL V. JR STREET ADDRESS 133 INDIAN CAVE ROAD CITY-ST-ZIP RIDGEFIELD CT	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VSD NAME WILSON W WELDON STREET ADDRESS 488 NORTH ST CITY-ST-ZIP RIDGEFIELD CT	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

Robert M. Bulthaup

Robert M. Bulthaup, Vice President 2/25/98 (800) 637-4475

CR2E034 (10/97)