

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90095 043 ***150.00

DOCUMENT # 854241

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1982

4. FEI Number

36-3155843

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

February 24, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE

NAME BULTHAUP, ROBERT M
STREET ADDRESS 5976 S LEYDEN STREET
CITY-ST-ZIP ENGLEWOOD CO 80111

1.1 TITLE ☐ Change ☐ Addition

TITLE VCD ☒ DELETE

NAME SCHAIR, DOUGLAS M.
STREET ADDRESS PO BOX 26
CITY-ST-ZIP SOUTH FREEPORT ME

2.1 TITLE ☐ Change ☒ Addition

TITLE PD ☐ DELETE

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

2.2 NAME ☐ Change ☐ Addition

TITLE CEO ☐ DELETE

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

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE VTD ☐ DELETE

NAME STROUP, CHRIS C
STREET ADDRESS 182 DEER RUN ROAD
CITY-ST-ZIP WINTON CT 06897

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSD ☐ DELETE

NAME WILSON W WELDON
STREET ADDRESS 85 SHERMAN TURNPIKE
CITY-ST-ZIP REDDING CT 06896

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

3.5 TITLE ☐ Change ☐ Addition

3.6 NAME

3.7 STREET ADDRESS

3.8 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Robert M. Bulthaupt, Vice-President 2/24/99(217)245-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

953152

CR2E034 (11/98)

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