
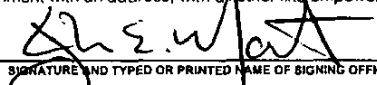


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90121 050 \*\*\*150.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # K26423</b><br>1. Entity Name<br><b>HANNOVER LIFE REASSURANCE COMPANY OF AMERICA</b>  |  |   |   |    |  |
| Principal Place of Business<br><b>800 N MAGNOLIA AVE<br/>STE 1400<br/>ORLANDO, FL 32803 US</b>   |  |   | Mailing Address<br><b>800 N MAGNOLIA AVE<br/>STE 1400<br/>ORLANDO, FL 32803 US</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   |  |
| 4. FEI Number<br><b>59-2859797</b>   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   | <b>\$8.75 Additional Fee Required</b>   |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>MARTIN, GLEN E<br/>800 N MAGNOLIA AVE<br/>STE 1400<br/>ORLANDO, FL 32803</b>  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>BRAZIEL, DENNIS D<br/>800 NORTH MAGNOLIA AVENUE, SUITE 1400<br/>ORLANDO, FL 32803</b>  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>One Citrus Bowl Place<br/>Orlando, FL 32805</b>                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VTS <input type="checkbox"/> Delete<br><b>MARTIN, GLEN E<br/>800 NORTH MAGNOLIA AVENUE, SUITE 1400<br/>ORLANDO, FL 32803</b>   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>KELTY, WILLIAM J III<br/>111 SOUTH WACKER DRIVE<br/>CHICAGO, IL 60606</b>              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>401 Ninth Street, NW, Suite 400 South<br/>Washington, DC 20004</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DC <input type="checkbox"/> Delete<br><b>BECKE, WOLF S<br/>KARL WIECHERT ALLEE 50<br/>HANNOVER, GE 30625</b>                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>KOENIG, ELKE A<br/>KARL WIECHERT ALLEE 50<br/>HANNOVER, GE 30625</b>                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP <input type="checkbox"/> Delete<br><b>SCHAEFER, PETER R<br/>800 NORTH MAGNOLIA AVENUE, SUITE 1400<br/>ORLANDO, FL 32803</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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 another like empowered. |  |   |   |   |  |
| <b>SIGNATURE:</b>   |  |   | 4/21/08 (407) 649-8411  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | <small>Date Daytime Phone #</small>   |   |  |

40080475



04182008 Chg-P CR2E034 (12/06)

ATTACHMENT  
40080475  
# K26423

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |   |
|---|---|
| TITLE   | DV <input checked="" type="checkbox"/> Addition |
| NAME  | HAGELMAN, CURT R                                |
| STREET ADDRESS                                  | 800 NORTH MAGNOLIA AVENUE, SUITE 1400           |
| CITY - ST - ZIP                                 | ORLANDO, FL 32803                               |
| TITLE   | V <input checked="" type="checkbox"/> Addition  |
| NAME  | SIKORA, JOSEPH A                                |
| STREET ADDRESS                                  | 800 NORTH MAGNOLIA AVENUE, SUITE 1400           |
| CITY - ST - ZIP                                 | ORLANDO, FL 32803                               |