

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002643  
 Entity Name  
 GA FINANCIAL GROUP, L.L.C.

FILED  
 OCT. NO: MAY 5 5 44 40  
 PROD CC: 73610-342  
 FUNCTION: CREDITORS STATE  
 REQUESTOR: HATSEG  
 ACTION APPROVAL: [Signature]  
 MOD CC APPROVAL: [Signature]  
 4/12/01

Principal Place of Business Mailing Address  
 1370 Timberlake Manor Parkway SAME  
 Chesterfield, MO 63017-6039

2. Principal Place of Business 3. Mailing Address  
 11300 U.S. Highway One 1370 Timberlake Manor Parkway  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 Suite 400

City & State City & State  
 North Palm Beach, FL Chesterfield, MO  
 Zip Country Zip Country  
 33408-3296 USA 63017 USA

4. FEI Number Applied For  
 43-1723342 Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 CT Corporation System  
 1200 South Pine Island Road  
 Plantation, FL 33324

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MANAGING MEMBER	<input type="checkbox"/> Delete
NAME	RGA Reinsurance Company	
STREET ADDRESS	1370 Timberlake Manor Parkway	
CITY-ST-ZIP	Chesterfield, Mo 63017-6039	
TITLE	MANAGING MEMBER	<input type="checkbox"/> Delete
NAME	RGA Reinsurance Company (Barbados) Ltd	
STREET ADDRESS	2nd Street, Holetown	
CITY-ST-ZIP	St. James, Barbados West Indies	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100004274731	
STREET ADDRESS	-05/21/01-01172-010	
CITY-ST-ZIP	*****50.00 *****50.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Susan L. Nieman Susan L Nieman 4/26/01 636-736-7563  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR25083 (1-1-00)