

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002643

Entity Name  
GA FINANCIAL GROUP, L.L.C.

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

FILED  
NOV 5 5 440  
PROD CC: 73610-342  
FUNCTION CREDIT OF STATE  
REQUESTOR HATSEB  
ACTION APPROVAL  
MOD CC APPROVAL  
4/12/01

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1723342 Applied For Not Applicable  
5. Certificate of Status Desired \$5.00 Additional Fee Required  
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324  
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE  
FILE NOV/11 FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES  
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  
RGA Reinsurance Company 1370 Timberlake Manor Parkway Chesterfield, Mo 63017-6039  
RGA Reinsurance Company 2nd Street, Huletown St. James, Barbados West Indies  
100004274731-0  
-05/21/01-01172-010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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 (11/00)