

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90234 026 ****55.00

DOCUMENT # M00000002643

1. Entity Name
RGA FINANCIAL GROUP, L.L.C.



Principal Place of Business
11300 US HIGHWAY ONE, SUITE 400
NORTH PALM BEACH, FL 33408-3296

Mailing Address
1370 TIMBERLAKE MANOR PARKWAY
CHESTERFIELD, MO 63017

14026025



2. Principal Place of Business
800 Village Square Crossing
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

07062004 Chg-LLC CR2E083 (10/03)

City & State
Palm Beach Gardens, FL

City & State

4. FEI Number
43-1723342

Applied For
Not Applicable

Zip
33410

Country
USA

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DEPARTMENT

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME RGA REINSURANCE COMPANY (BARBADOS) LTD.
STREET ADDRESS 1370 TIMBERLAKE MANOR PARKWAY
CITY-ST-ZIP ST. LOUIS, MO 630176039

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME RGA REINSURANCE COMPANY
STREET ADDRESS 1370 TIMBERLAKE MANOR PARKWAY
CITY-ST-ZIP ST. LOUIS, MO 630176039

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Dana C. Wiele

Dana C. Wiele

7/6/2004

(636) 736-7554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #