


**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.

City & State  
 Palm Beach Gardens, FL

City & State

Zip  
 33410

Country  
 USA



07062004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

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

DEPARTMENT

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR <input type="checkbox"/> Delete
NAME	RGA REINSURANCE COMPANY (BARBADOS) LTD.
STREET ADDRESS	1370 TIMBERLAKE MANOR PARKWAY
CITY-ST-ZIP	ST. LOUIS, MO 630176039
TITLE	MGR <input type="checkbox"/> Delete
NAME	RGA REINSURANCE COMPANY
STREET ADDRESS	1370 TIMBERLAKE MANOR PARKWAY
CITY-ST-ZIP	ST. LOUIS, MO 630176039
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	
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:** *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 #