


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000002643 1. Entity Name RGA FINANCIAL GROUP, L.L.C.	
--	---

Principal Place of Business 800 VILLAGE SQUARE CROSSING PALM BEACH GARDENS, FL 33410	Mailing Address 1370 TIMBERLAKE MANOR PARKWAY CHESTERFIELD, MO 63017
--	--

DO NOT WRITE IN THIS SPACE



01122005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 43-1723342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RGA REINSURANCE COMPANY (BARBADOS) LTD. 1370 TIMBERLAKE MANOR PARKWAY ST. LOUIS, MO 630176039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RGA REINSURANCE COMPANY 1370 TIMBERLAKE MANOR PARKWAY ST. LOUIS, MO 630176039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000182174
01/19/05-80016-013 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Secretary 1/12/2005 (314) 966-0730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #