


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 <input type="checkbox"/> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE, Registered Agent signature required when reinstating)	DATE _____
---	--	------------

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	

U000000182174
01/19/05-80016-013 55.00

DO NOT WRITE
IN THIS SPACE

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: <u>Dana C. Wiele</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Dana C. Wiele Secretary 1/12/2005 (314) 966-0730 <small>Date Daytime Phone #</small>
--	---