2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000002643

1. Entity Name

RGA FINANCIAL GROUP, L.L.C.



FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90748 048 ****50.00

| Malling Address Substitution Substitution | | | 1 | | ANGE WE TEST | | | |
|--|--------------------------------|--|-------------------------------------|---|---------------------------|--|----------|--|
| City & State Ci | Principal Place of Business | | Mailing Address | Mailing Address | | | | |
| Suite, Apt. #. etc. CHY & State Chy & State Chy & State A. FEI Number 43-1723342 Applied For INX App | | | | - · · · · · · · · · · · · · · · · · · · | | | | |
| Suite, Apt. #. etc. CHY & State Chy & State Chy & State A. FEI Number 43-1723342 Applied For INX App | | | I . | | | A FEBRUARY HIS BRUIN ARTHUR BONIS BONIS BRUIN BRUIN BRUIN ARTHUR AND ARTHUR ARTHUR ARTHUR ARTHUR ARTHUR ARTHUR | | |
| Suite, Apt. #. etc. CHY & State Chy & State Chy & State A. FEI Number 43-1723342 Applied For INX App | 2. Principal Place of Business | | 3. Mailing Address | 3. Mailing Address | | | | |
| City & State City & State City & State City & State A. FEI Number Ag-1723342 Ag-pliced For Next Application | Outh Ass | 4 -1- | 0 % 4 % | | | | | |
| Zip Country Zip Country S. Certificate of Status Desired Status De | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent 1200 SOUTH PINE ISLAND ROAD PLANTATION F1 33324 City FL Zp Code C | City & State | | City & State | | | TO 17200T2 | ole | |
| S. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE SLAND ROAD PLANTATION FL 33324 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Tam familiar with, and accept the orbigations of registered agent. SIGNATURE Make Check Payable to Fiorida Department of State B. MANAGING MEMBERS / MANAGERS B. MANAGIN | Zip Country | | Zip | Zip Count | | | \neg | |
| Name | | 6. Name and Address of Curre | nt Registered Agent | legistered Agent | | | \dashv | |
| 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Sirce I Address (P.O. Box Number is Not Acceptable) FL Zip Code | 0.7 | والمرازية المصدي وسيدمين الهناجي الإساجي | Contraction of the | در ژارد المجني | * Name | | ヿ | |
| City FL Zip Code 1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. STEET ADDRESS | 1200 | SOUTH PINE ISLAND ROAD | | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| the obligations of registered agent. Signature for the purpose of changing lis registered agent, or both, in the State of Fiorida. I am familiar with, and accept for registered agent. Signature for registered agent, or both, in the State of Fiorida. I am familiar with, and accept for registered agent, or both, in the State of Fiorida. I am familiar with, and accept for registered agent, or both, in the State of Fiorida. I am familiar with, and accept for registered agent, or both, in the State of Fiorida. I am familiar with, and accept for registered agent, or both, in the State of Fiorida. I am familiar with, and accept for registered agent, or both, in the State of Fiorida. I am familiar with, and accept for registered agent, or both, in the State of Fiorida. I am familiar with, and accept for registered agent, or both, in the State of Fiorida. I am familiar with, and accept for registered agent, or both, in the State of Fiorida. I am familiar with, and accept for registered agent, or both, in the State of Fiorida. I am familiar with, and accept for registered agent, or both, in the State of Fiorida. I am familiar with, and accept for registered agent, or both, in the State of Fiorida. I am familiar with, and accept for registered agent, or both, in the State of Fiorida. I am familiar with, and accept for registered agent, or both, in the State of Fiorida. I am familiar with, and accept for registered agent, or both for deal agent for registered agent, or both for the special part of t | , | TO COULT | | - | | | | |
| SIGNATURE SIGNATURE SIGNATURE SIGNATURE | | | | | City | FL Zip Code | ヿ | |
| SIGNATURE Gynathus, typed or printed name of registered apent and life if applicable. (NOTIE Registered Apent is produce required when reinstating) DATE | 8. The above | named entity submits this statement | for the purpose of changing | its register | I ed office or registe | ered agent, or both, in the State of Florida. I am familiar with, and accept | ot | |
| Signature Piperior captined agrint signature of appetitionable Signature | the obligat | ions of registered agent. | | | | | į | |
| S. MANAGING MEMBERS / MANAGERS Doleto Make Check Payable Florida Department of State Doleto May 1, 2003 Doleto May 1, 2003 Doleto May 1, 2003 Doleto May 1, 2003 Doleto MGR MGR MGR MGR MGR MGR MAME MAME MGR MG | SIGNATURE . | Signature, typed or printed name of registered age | ent and title if applicable. (No | OTF: Registere | d Agent signature require | ed when reinstation) DATE | | |
| Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES Addition Addition MGR | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | \dashv | |
| 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR REINSURANCE COMPANY (BARBADOS) LTD. 1370 TIMBERLAKE MANOR PARKWAY ST. LOUIS MO 63017-6039 TITLE MGR RGA REINSURANCE COMPANY 1370 TIMBERLAKE MANOR PARKWAY | | | | - | | | | |
| TITLE NAME RGR REINSURANCE COMPANY (BARBADOS) LTD. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADD | | | | | • | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP | 9. | MANAGING MEM | BERS/MANAGERS | 10. | | ADDITIONS/CHANGES | \dashv | |
| STREET ADDRESS CITY-ST-ZIP TITLE MGR RGA REINSURANCE COMPANY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | ☐ Change ☐ Additi | on [| |
| CITY-ST-ZIP ST. LOUIS MO 63017-6039 TITLE NAME RGA REINSURANCE COMPANY 1370 TIMBERLAKE MANOR PARKWAY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | | | | | | | |
| TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | | ARRIVAT | | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE | | ☐ Delete | TITLE | : 1 | ☐ Change ☐ Additi | ה ק | |
| CITY-ST-ZIP ST. LOUIS MO 63017-6039 CITY-ST-ZIP | * | | | | - I | | ` | |
| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ARKWAY | | | • | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 51. LOUIS MO 63017-6039 | ☐ Delete | | | ☐ Channe ☐ Addition | ,n | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | and the second of the second | | | | المنظمة المنافع والمنافع والمنافع المنافع المنافع والمنافع والمناف | "] ' | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 4 | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | □ p.(.). | | | □ Obassa □ Balditi | _ | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ∟ Delete | | | Change Addition | AT | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS | | | STRE | et address | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | CITY-ST-ZIP | | | CITY | -ST-ZIP | | | |
| STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | ☐ Change ☐ Addition | ın | |
| CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | | | | | - 1 | | | |
| NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP | , | | | | 1 | | | |
| NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition | n | |
| CITY-ST-ZIP CITY-ST-ZIP | | | | | | | | |
| | | | | | | | | |
| | | ertify that the information supplied w | ith this filling does not qualify f | | | section 119 07(3)(i) Florida Statutas Liturthar cartify that the information | \dashv | |

accorate 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 sive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and limited liability company or the