2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90547 007 ***150.00

DOCUMENT # P00407

1. Entity Name
GENERALI USA LIFE REASSURANCE COMPANY

20035444

04072005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
8830 WARD PKWY KANSAS CITY, MO 64114 CA	PO BOX 419076 KANSAS CITY, MO 64141-6076 CA

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-3126819 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C BALZER, GIORGIO 46 MENHAM RD BERNARDSVILLE, NJ 07924	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/P Edward S. Ritter 10309 North Lake Circle Olathe, KS 66061	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO JARDIN, ALEXANDER 5255 WARD PARKWAY KANSAS CITY, MO 64112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V John Charles Brueckner 9714 W. 144th Terrace Overland Park, KS 66221	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KINNAMON, JAY B 12528 CONNELL OVERLAND PARK, KS 66213	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LYNCH, MICHAEL 2205 NW SUMMERFIELD LEES SUMMIT, MO 64081	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CROUCH, WILLIAM M 13147 ROSEWOOD OVERLAND PK, KS 66209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DICKINSON, TERRY D 2180 XENE LANE N. PLYMOUTH, MN 55447	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-8-05 (816) 412-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #