AMENDED

2007 FOR PROFIT CORPORATION ANNUAL REPORT

02-06-2007 90008 023 ***150.00

DOCUMENT # P00407

1. Entity Name
GENERALI USA LIFE REASSURANCE COMPANY

FILED
07 FEB 14 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~8330 WARD PKWY~~ 8330 Ward Pkwy KANSAS CITY, MO 64114	PO BOX 419076 KANSAS CITY, MO 64141-6076

01252007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8330 Ward Parkway	
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	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	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, 2007 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	CP RITTER, EDWARD S. 10309 NORTH LAKE CIRCLE OLATHE, KS 66061	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Ritter, Edward S. 10309 North Lake Circle Olathe, KS 66061	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRUCECKNER, JOHN C. 9714 W. 144TH TERRACE OVERLAND PARK, KS 66221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Bruckner, John C. 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	T Lynch, Michael 3032 SW Pergola View Lees Summit, MO 64081	☒ 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	2/2/14	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michael J Lynch Michael J Lynch 2/1/07 (816) 412-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #