2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# P00407

Entity Name: GENERALI USA LIFE REASSURANCE COMPANY

Current Principal Place of Business:

8330 WARD PKWY
KANSAS CITY, MO 64114

New Principal Place of Business:

Current Mailing Address:

PO BOX 419076
KANSAS CITY, MO 641416076

New Mailing Address:

FEI Number: 13-3126819 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	RITTER, EDWARD S	
Address:	10309 NORTH LAKE CIRCLE	
City-St-Zip:	OLATHE, KS 66061	
Title:	P	( ) Delete
Name:	BRUCKNER, JOHN C	
Address:	9714 W. 144TH TERRACE	
City-St-Zip:	OVERLAND PARK, KS 66221 CN	
Title:	S	( ) Delete
Name:	KINNAMON, JAY B	
Address:	12528 CONNELL	
City-St-Zip:	OVERLAND PARK, KS 66213	
Title:	T	( ) Delete
Name:	LYNCH, MICHAEL	
Address:	3032 SW PERGOLA VIEW	
City-St-Zip:	LEES SUMMIT, MO 64081 CN	
Title:	V	( ) Delete
Name:	CROUCH, WILLIAM M	
Address:	13147 ROSEWOOD	
City-St-Zip:	OVERLAND PK, KS 66209	
Title:	V	( ) Delete
Name:	DICKINSON, TERRY D	
Address:	2180 XENE LANE N.	
City-St-Zip:	PLYMOUTH, MN 55447	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	KAPELLER, TAMORA A	
Address:	9890 NIEMAN PLACE	
City-St-Zip:	OVERLAND PK, KS 66214	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J, LYNCH VP 01/27/2009
Electronic Signature of Signing Officer or Director — Date