2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90853 016 ***150.00

DOCUMENT # P00407

1. Entity Name
CLARICA LIFE REINSURANCE COMPANY

Principal Place of Business	Mailing Address
13890 BISHOPS DRIVE SUITE 300 P O BOX 503 BROOKFIELD WI 53008-6503 CA	13890 BISHOPS DRIVE SUITE 300 P O BOX 503 BROOKFIELD WI 53008-6503 CA

2. Principal Place of Business	3. Mailing Address
700 Karnes Blvd	700 Karnes Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KANSAS CITY, MO	City & State: KANSAS CITY, MO
Zip: 64108 Country: U.S.A.	Zip: 64108 Country: U.S.A.

☒ CHECK HERE IF MAKING CHANGES

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
THE INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL BLDG. TALLAHASSEE FL 32301	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	VP WESTRUP, THOMAS 13890 BISHOPS SUITE 300 PO BOX 503 BROOKFIELD WI 53008-0503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/CEO Balzer, Giorgio 46 Mendham Rd. Bernardsville, NJ 07924	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO SMITH, JAMES R 13890 BISHOPS SUITE 300 PO BOX 503 BROOKFIELD FL 53008-0503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/COO Jardin, Alexander Gordon 5255 Ward Parkway Kansas City, MO 64112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STARCK, DOUG 13890 BISHOPS SUITE 300 PO BOX 503 BROOKFIELD WI 53008-0503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Kinnamon, Jay Brian 12528 Connell Overland Park, KS 66213	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAVES, WAYNE C 13890 BISHOPS SUITE 300 PO BOX 503 BROOKFIELD WI 53008-0503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Lynch, Michael Joseph 2205 NW Summerfield Lee's Summit, MO 64081	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A BROOKS, DOUGLAS 13890 BISHOPS SUITE 300 PO BOX 503 BROOKFIELD WI 53008-0503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Michael J Lynch REQUIRED 2-27-03 816-751-5367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)