


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04781 (1)					
1. Corporation Name REINSURANCE COMPANY OF AMERICA, INC.					
Principal Place of Business 10 S. LA SALLE STREET CHICAGO IL 60603-1002			Mailing Address 10 S. LA SALLE STREET CHICAGO IL 60603-1002		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/25/1985	
21. State, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 04/24/1996	
22. City & State		27. City & State		4. FEI Number 36-2930605	
23. Zip		28. Zip		Applied For Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE: _____ DATE: _____					
(NOTE: Registered Agent signature required when reinstalling)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.1 TITLE PTD STEVENS, JOHN L. 10 S. LA SALLE STREET CHICAGO IL			13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP		
12.2 TITLE CD PEARSON, FRED H. 10 S. LA SALLE STREET CHICAGO IL			13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP		
12.3 TITLE SD THOMAS, HILDEGARDE 10 S. LA SALLE STREET CHICAGO IL			13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP		
12.4 TITLE 12.5 NAME 12.6 STREET ADDRESS 12.7 CITY-ST-ZIP			13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP		
12.5 TITLE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-ST-ZIP			13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP		
12.6 TITLE 12.7 NAME 12.8 STREET ADDRESS 12.9 CITY-ST-ZIP			13.21 TITLE 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-ST-ZIP		
12.7 TITLE 12.8 NAME 12.9 STREET ADDRESS 12.10 CITY-ST-ZIP			13.25 TITLE 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-ST-ZIP		
12.8 TITLE 12.9 NAME 12.10 STREET ADDRESS 12.11 CITY-ST-ZIP			13.29 TITLE 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-ST-ZIP		
12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP			13.33 TITLE 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY-ST-ZIP		
12.10 TITLE 12.11 NAME 12.12 STREET ADDRESS 12.13 CITY-ST-ZIP			13.37 TITLE 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY-ST-ZIP		
12.11 TITLE 12.12 NAME 12.13 STREET ADDRESS 12.14 CITY-ST-ZIP			13.41 TITLE 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY-ST-ZIP		
12.12 TITLE 12.13 NAME 12.14 STREET ADDRESS 12.15 CITY-ST-ZIP			13.45 TITLE 13.46 NAME 13.47 STREET ADDRESS 13.48 CITY-ST-ZIP		
12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP			13.49 TITLE 13.50 NAME 13.51 STREET ADDRESS 13.52 CITY-ST-ZIP		
12.14 TITLE 12.15 NAME 12.16 STREET ADDRESS 12.17 CITY-ST-ZIP			13.53 TITLE 13.54 NAME 13.55 STREET ADDRESS 13.56 CITY-ST-ZIP		
12.15 TITLE 12.16 NAME 12.17 STREET ADDRESS 12.18 CITY-ST-ZIP			13.57 TITLE 13.58 NAME 13.59 STREET ADDRESS 13.60 CITY-ST-ZIP		
12.16 TITLE 12.17 NAME 12.18 STREET ADDRESS 12.19 CITY-ST-ZIP			13.61 TITLE 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY-ST-ZIP		
12.17 TITLE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-ST-ZIP			13.65 TITLE 13.66 NAME 13.67 STREET ADDRESS 13.68 CITY-ST-ZIP		
12.18 TITLE 12.19 NAME 12.20 STREET ADDRESS 12.21 CITY-ST-ZIP			13.69 TITLE 13.70 NAME 13.71 STREET ADDRESS 13.72 CITY-ST-ZIP		
12.19 TITLE 12.20 NAME 12.21 STREET ADDRESS 12.22 CITY-ST-ZIP			13.73 TITLE 13.74 NAME 13.75 STREET ADDRESS 13.76 CITY-ST-ZIP		
12.20 TITLE 12.21 NAME 12.22 STREET ADDRESS 12.23 CITY-ST-ZIP			13.77 TITLE 13.78 NAME 13.79 STREET ADDRESS 13.80 CITY-ST-ZIP		
12.21 TITLE 12.22 NAME 12.23 STREET ADDRESS 12.24 CITY-ST-ZIP			13.81 TITLE 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY-ST-ZIP		
12.22 TITLE 12.23 NAME 12.24 STREET ADDRESS 12.25 CITY-ST-ZIP			13.85 TITLE 13.86 NAME 13.87 STREET ADDRESS 13.88 CITY-ST-ZIP		
12.23 TITLE 12.24 NAME 12.25 STREET ADDRESS 12.26 CITY-ST-ZIP			13.89 TITLE 13.90 NAME 13.91 STREET ADDRESS 13.92 CITY-ST-ZIP		
12.24 TITLE 12.25 NAME 12.26 STREET ADDRESS 12.27 CITY-ST-ZIP			13.93 TITLE 13.94 NAME 13.95 STREET ADDRESS 13.96 CITY-ST-ZIP		
12.25 TITLE 12.26 NAME 12.27 STREET ADDRESS 12.28 CITY-ST-ZIP			13.97 TITLE 13.98 NAME 13.99 STREET ADDRESS 14.00 CITY-ST-ZIP		
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: _____		Hildegard Thomas		4/21/97 (312) 782-9453	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Secy.		Date Daytime Phone #	

CR2E034 (9/96)