

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P04781** (1)

1. Corporation Name
REINSURANCE COMPANY OF AMERICA, INC.

Principal Place of Business

Mailing Address

**10 S. LA SALLE STREET
CHICAGO IL 60603-1002**

**10 S. LA SALLE STREET
CHICAGO IL 60603-1002**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/25/1985

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		36-2930605		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PTD	STEVENS, JOHN L.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
10 S. LA SALLE STREET	CHICAGO IL	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CD	PEARSON, FRED H.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
10 S. LA SALLE STREET	CHICAGO IL	2.1 TITLE	2.2 NAME
CHICAGO IL		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
SD	THOMAS, HILDEGARDE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
10 S. LA SALLE STREET	CHICAGO IL	3.1 TITLE	3.2 NAME
CHICAGO IL		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. 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 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* Hildegard Thomas - Secretary 4/2/98 312-782-9453

CR2E034 (10/97)