

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90481 049 ***150.00

CR2E034 (9/01)

DOCUMENT # P04781

1. Entity 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

140 S. Dearborn Street

Suite, Apt. #, etc.

Suite 900

City & State

Chicago, IL

Zip

60603-52-2

Country

3. Mailing Address

140 S. Dearborn Street

Suite, Apt. #, etc.

Suite 900

City & State

Chicago, IL

Zip

60603-5202

Country

4. FEI Number

36-2930605

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
STEVENS, JOHN L.
10 S. LA SALLE STREET
CHICAGO IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CD
PEARSON, FRED H.
10 S. LA SALLE STREET
CHICAGO IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
THOMAS, HILDEGARDE
10 S. LA SALLE STREET
CHICAGO IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

140 S. Dearborn Str. - Suite 900
Chicago, IL 60603

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

140 S. Dearborn Str. - Suite 900
Chicago, IL 60603

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

140 S. Dearborn Str. - Suite 900
Chicago, IL 60603

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John L. Stevens
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. Stevens

4/1/02

Date

(312) 782-9453

Daytime Phone #