

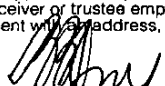


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90040 037 \*\*\*158.75

<b>DOCUMENT # P04781</b> 1. Entity Name <b>REINSURANCE COMPANY OF AMERICA, INC.</b>					
Principal Place of Business <b>140 S DEARBORN STREET STE 900 CHICAGO, FL 60603-5202</b>				Mailing Address <b>140 S DEARBORN STREET STE 900 CHICAGO, FL 60603-5202</b>	
2. Principal Place of Business <b>140 S. Dearborn Street</b> Suite, Apt. #, etc. <b>Suite 1600</b>		3. Mailing Address <b>140 S. Dearborn Street</b> Suite, Apt. #, etc. <b>Suite 1600</b>			
City & State <b>Chicago, IL</b>		City & State <b>Chicago, IL</b>		4. FEI Number <b>36-2930605</b>	
Zip <b>60603-5207</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PC KERNAN, JAMES M 140 S DEARBORN STREET STE 900 CHICAGO, IL 60603	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D PEARSON, FRED 140 S DEARBORN STREET STE 900 CHICAGO, IL 60603	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D RIRIE, WILLIAM G 140 S DEARBORN STREET STE 900 CHICAGO, FL 60603	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD DASAI, BIPINKUMAR B 140 S DEARBORN STREET, SUITE 900 CHICAGO, IL 606035202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD BUHL, GARY R 140 S DEARBORN STREET, SUITE 900 CHICAGO, IL 606035202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D KERNAN, ROBERT 140 S DEARBORN STREET, SUITE 900 CHICAGO, IL 606035202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PC Kernan, James M 140 S. Dearborn Street, Suite 1600 Chicago, IL 60603-5207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D Ririe, William G 140 S. Dearborn Street, Suite 1600 Chicago, IL 60603-5207	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD Desai, Bipinkumar B 140 S. Dearborn Street, Suite 1600 Chicago, IL 60603-5207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD Buhl, Gary R 140 S. Dearborn Street, Suite 1600 Chicago, IL 60603-5207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D Kernan, Robert 140 S. Dearborn Street, Suite 1600 Chicago, IL 60603-5207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>  <u>Bipinkumar B. Desai</u> <u>1-30-06</u> <u>(315) 768-2726</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					