FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 16 AM 11:02

DOCUMENT # P07735 (4)

1. Corporation Name
LIFE REASSURANCE CORPORATION OF AMERICA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
969 HIGH RIDGE ROAD STAMFORD CT 06905	969 HIGH RIDGE ROAD STAMFORD CT 06905

3. Date Incorporated or Qualified: 10/14/1985
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 06-0839705 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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
84 City FL 85 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	Director, Executive V.P.	☐ Change ☒ Addition
NAME	HAWES, RODNEY A JR	1.2 NAME	Richard C. Hodgdon	
STREET ADDRESS	969 HIGH RIDGE ROAD	1.3 STREET ADDRESS	969 High Ridge Road	
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	Stamford, CT 06905	
TITLE	PD	2.1 TITLE	Director, Executive V.P.	☐ Change ☒ Addition
NAME	DUBOIS, JACQUES E.	2.2 NAME	Bryan J. Featherstone	
STREET ADDRESS	969 HIGH RIDGE ROAD	2.3 STREET ADDRESS	969 High Ridge Road	
CITY-ST-ZIP	STAMFORD CT	2.4 CITY-ST-ZIP	Stamford, CT 06905	
TITLE	SVPS	3.1 TITLE	Director, Executive V.P.	☐ Change ☒ Addition
NAME	WILSON, WELDON W.	3.2 NAME	Gerald Taylor	
STREET ADDRESS	969 HIGH RIDGE ROAD	3.3 STREET ADDRESS	969 High Ridge Road	
CITY-ST-ZIP	STAMFORD CT	3.4 CITY-ST-ZIP	Stamford, CT 06905	
TITLE	EVP	4.1 TITLE		☐ Change ☐ Addition
NAME	FILOROMO, SAMUEL V.	4.2 NAME		
STREET ADDRESS	969 HIGH RIDGE ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHAIR, DOUGLAS M	5.2 NAME		
STREET ADDRESS	969 HIGH RIDGE ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	CORRIGAN, R D	6.2 NAME		
STREET ADDRESS	969 HIGH RIDGE RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] W. Weldon Wilson 2/20/95 203/321-3122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0304271 FP