

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 05, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90007 020 \*\*\*550.00

**DOCUMENT # P07735**

1. Entity Name

~~LIFE REASSURANCE CORPORATION OF AMERICA~~  
**Swiss Re Life - Health America Inc.**

Principal Place of Business

969 HIGH RIDGE ROAD  
 STAMFORD CT 06905

Mailing Address

969 HIGH RIDGE ROAD  
 STAMFORD CT 06905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-0839705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**EVP  
 BEISENHERZ, ROBERT L  
 8301 EAST PRENTICE AVE., SUITE 303  
 ENGLEWOOD CO 80111** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**EVP, CFO  
 ECKERT, RAYMOND A.  
 175 King Street  
 Armonk, NY 10504** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**C  
 DUBOIS, JACQUES E.  
 969 HIGH RIDGE ROAD  
 STAMFORD CT** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Chairman  
 DUBOIS, Jacques E.  
 175 King Street  
 Armonk, NY 10504** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**EVPG  
 WILSON, WELDON W  
 969 HIGH RIDGE ROAD  
 STAMFORD CT** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**EVP, General Counsel  
 Wilson, Weldon W  
 175 King Street  
 Armonk, NY 10504** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PCEO  
 STROUP, CHRIS C  
 969 HIGH RIDGE RD  
 STAMFORD CT** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CEO  
 Stroup, Chris C  
 175 King Street  
 Armonk, NY 10504** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SVPS  
 HARRIGAN, PATRICIA D  
 969 HIGH RIDGE ROAD  
 STAMFORD CT 06905** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Sr VP, Secretary, Asst. GC  
 Harrigan, Patricia D  
 175 King Street  
 Armonk, NY 10504** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**President  
 Rowland, Lawrence T  
 1700 Magnavox Way  
 Fort Wayne, IN** ☐ 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:

*Patricia D Harrigan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 31, 2002

(914) 828-8000

Date

Daytime Phone #

CR2E034 (4/02)