

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90066 023 ***158.75

DOCUMENT # P95000016812

1. Entity Name
REINSURANCE MANAGEMENT, INC.

Principal Place of Business
9485 REGENCY SQUARE BLVD SUITE 200
JACKSONVILLE FL 32225

Mailing Address
9485 REGENCY SQUARE BLVD SUITE 200
JACKSONVILLE FL 32225



DO NOT WRITE IN THIS SPACE

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 95-2848490	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GORDON, ALAN ESQ.	Name Mary Elizabeth Strickland
9485 REGENCY SQUARE BLVD SUITE 200	Street Address (P.O. Box Number is Not Acceptable) 9485 Regency Square Blvd., Suite 220.
JACKSONVILLE FL 32225	City Jacksonville
	FL Zip Code 32225

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 *Mary E Strickland* **Mary Elizabeth Strickland** **Jan. 17, 2002**
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. <input checked="" type="checkbox"/> <small>(See criteria on back)</small>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEINKAMP, JOHN H		NAME Carl Petty, Jr.	
STREET ADDRESS 9485 REGENCY SQUARE BLVD SUITE 200		STREET ADDRESS 13358 Manchester Rd.	
CITY-ST-ZIP JACKSONVILLE FL 32225		CITY-ST-ZIP St. Louis, MO 63131	
TITLE CH	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENCHY, TERENCE A		NAME Terence A. Henchy	
STREET ADDRESS 9485 REGENCY SQUARE BLVD SUITE 200		STREET ADDRESS 9485 Regency Square Blvd., Suite 220	
CITY-ST-ZIP JACKSONVILLE FL 32225		CITY-ST-ZIP Jacksonville, FL 32225	
TITLE 	<input type="checkbox"/> Delete	TITLE EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME James Clark	
STREET ADDRESS 		STREET ADDRESS 9485 Regency Square Blvd., Suite 220	
CITY-ST-ZIP 		CITY-ST-ZIP Jacksonville, FL 32225	
TITLE 	<input type="checkbox"/> Delete	TITLE CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME Mary Elizabeth Strickland	
STREET ADDRESS 		STREET ADDRESS 9485 Regency Square Blvd., Suite 220	
CITY-ST-ZIP 		CITY-ST-ZIP Jacksonville, FL 32225	
TITLE 	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME Erwin Rittinger	
STREET ADDRESS 		STREET ADDRESS 13358 Manchester Rd.	
CITY-ST-ZIP 		CITY-ST-ZIP St. Louis, MO 63131	
TITLE 	<input type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME Larry Cook	
STREET ADDRESS 		STREET ADDRESS 13358 Manchester Rd.	
CITY-ST-ZIP 		CITY-ST-ZIP St. Louis, MO 63131	

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: *Terence A. Henchy* **Terence A. Henchy** **01/15/02** **904-727-5088**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment

402377

2002 UNIFORM BUSINESS REPORT

Attachment for

Document #P95000016812

Reinsurance Management, Inc.

Block 12. Additions/Changes to Officers and Directors in 11

Title:	S	Addition
Name:	Beverley Brynda	
Street Address:	13358 Manchester Rd.	
City-St-Zip:	St. Louis, MO 63131	