

1.) CORPORATION NAME:

Reassure America Life Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

DUE DATE: **5/31/2011**

SCC ID NO: **F0128381**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1670 MAGNAVOX WAY

CITY/ST/ZIP: FT WAYNE, IN 46804-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ELISSA KENNY
TITLE: SVP/SEC
ADDRESS: 175 KING ST
CITY/ST/ZIP/CO: ARMONK, NY 10504-

OFFICER DIRECTOR

NAME: MARK LEMON
TITLE: VICE PRESIDENT
ADDRESS: 1670 MAGNAVOX WAY
CITY/ST/ZIP/CO: FORT WAYNE, IN 46804-

OFFICER DIRECTOR

NAME: DONNA H KINNAIRD
TITLE: PRESIDENT
ADDRESS: 175 KING ST
CITY/ST/ZIP/CO: ARMONK, NY 10504-

OFFICER DIRECTOR

NAME: JAMES KELLER
TITLE: SR VP
ADDRESS: 1670 MAGNAVOX WAY
CITY/ST/ZIP/CO: FORT WAYNE, IN 46804-

OFFICER DIRECTOR

NAME: GARY NIDDS
TITLE: Managing Direct
ADDRESS: 175 KING ST
CITY/ST/ZIP/CO: ARMONK, NY 10504-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBYN A WYATT Managing Direct 175 KING ST ARMONK, NY 10504-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH DUARTE CFO 175 KING STREET ARMONK, NY 10504-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER BELL DIRECTOR 175 KING STREET ARMONK, NY 10504-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID JAHNKE DIRECTOR 175 KING STREET ARMONK, NY 10504-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PIERRE OZENDO DIRECTOR 175 KING STREET ARMONK, NY 10504-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEAL ARNOLD DIRECTOR 1670 MAGNAVOX WAY FORT WAYNE, IN 46804-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHEL LIES DIRECTOR 175 KING STREET ARMONK, NY 10504-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARLOS REPRESAS DIRECTOR 175 KING STREET ARMONK, NY 10504-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAIL FOSLER DIRECTOR 175 KING STREET ARMONK, NY 10504-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN SABATINO DIRECTOR 175 KING STREET ARMONK, NY 10504-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: GEORGE QUINN TITLE: DIRECTOR ADDRESS: 175 KING STREET CITY/ST/ZIP/CO: ARMONK, NY 10504-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: PHILIP RYAN TITLE: DIRECTOR ADDRESS: 175 KING STREET CITY/ST/ZIP/CO: ARMONK, NY 10504-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DAVID COLE TITLE: DIRECTOR ADDRESS: 175 KING STREET CITY/ST/ZIP/CO: ARMONK, NY 10504-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MARK LEMON	MARK LEMON, VICE PRESIDENT	5/18/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.