

1.) CORPORATION NAME:

**RGA Reinsurance 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: **F0407611**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MO**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1370 TIMBERLAKE MANOR PKWY

CITY/ST/ZIP: CHESTERFIELD, MO 63017-6039

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: TODD C LARSON  
TITLE: EVP/TREASURER  
ADDRESS: 1370 TIMBERLAKE MANOR PKWY  
CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017-6039

OFFICER

DIRECTOR

NAME: JAMES MATTHEW KELLETT  
TITLE: SRVP/VALUATION  
ADDRESS: 1370 TIMBERLAKE MANOR PKWY  
CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017-6039

OFFICER

DIRECTOR

NAME: JACK BRIEN LAY  
TITLE: SR EVP/CFO  
ADDRESS: 1370 TIMBERLAKE MANOR PKWY  
CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017-6039

OFFICER

DIRECTOR

NAME: DAVID BLAINE ATKINSON  
TITLE: DIRECTOR  
ADDRESS: 1370 TIMBERLAKE MANOR PARKWAY  
CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017-6039

OFFICER

DIRECTOR

NAME: JOHN PATRICK LAUGHLIN  
TITLE: DIRECTOR  
ADDRESS: 1370 TIMBERLAKE MANOR PARKWAY  
CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017-6039

OFFICER

DIRECTOR

NAME: DAVID CHRISTOPHER FISCHER TITLE: DIRECTOR ADDRESS: 1370 TIMBERLAKE MANOR PARKWAY CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017-6039	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT MARTIN MUSEN TITLE: DIRECTOR ADDRESS: 1370 TIMBERLAKE MANOR PARKWAY CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017-6039	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ALBERT GREIG WOODRING TITLE: DIRECTOR ADDRESS: 1370 TIMBERLAKE MANOR PARKWAY CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017-6039	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MELVILLE JAY YOUNG TITLE: DIRECTOR ADDRESS: 1370 CHESTERFIELD MANOR PARKWAY CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017-6039	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANNA MANNING TITLE: PRES/CEO ADDRESS: 1370 TIMBERLAKE MANOR PARKWAY CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017-6039	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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/ TODD C LARSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TODD C LARSON, EVP/TREASURER PRINTED NAME AND CORPORATE TITLE
5/31/2011 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.	