

1.) CORPORATION NAME: REINSURANCE ASSOCIATES, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCorp SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: MO	DUE DATE: 9/30/2013 SCC ID NO: F1766809 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMAV</td> <td>2,400</td> </tr> <tr> <td>COMBNV</td> <td>21,600</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMAV	2,400	COMBNV	21,600
CLASS	AUTHORIZED						
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COMBNV	21,600						

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1670 FENPARK DRIVE CITY/ST/ZIP: FENTON, MO 63026

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: MATTHEW T CROAK TITLE: PRES/DIR ADDRESS: 1670 FENPARK DRIVE CITY/ST/ZIP/CO: FENTON, MO 63026	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: ROBERT H BERGER, JR TITLE: VICE PRESIDENT ADDRESS: 1670 FENPARK DR CITY/ST/ZIP/CO: FENTON, MO 63026	<input checked="" type="checkbox"/>	OFFICER	<input 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/ MATTHEW T CROAK	MATTHEW T CROAK, PRES/DIR	8/23/2013
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.