

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855552

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: RENAISSANCE LIFE & HEALTH INSURANCE COMPANY

**Current Principal Place of Business:**

4100 OKEMOS RD  
OKEMOS, MI 48864

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 30416  
LANSING, MI 48909

**New Mailing Address:**

PO BOX 30381  
LANSING, MI 48909

FEI Number: 35-1536282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FLESZAR, THOMAS J DDS MS  
Address: 4100 OKEMOS RD  
City-St-Zip: OKEMOS, MI 48864

Title: DT ( ) Delete  
Name: CZELADA, LAURA L  
Address: 4100 OKEMOS RD  
City-St-Zip: OKEMOS, MI 48864

Title: D ( ) Delete  
Name: BILLARD, WILLIAM T  
Address: 4100 OKEMOS RD  
City-St-Zip: OKEMOS, MI 48864

Title: D ( ) Delete  
Name: GRIFFITH, KEVIN  
Address: 4100 OKEMOS RD  
City-St-Zip: OKEMOS, MI 48864

Title: DS ( ) Delete  
Name: CAHILL, PATRICK T JUDGE  
Address: 4100 OKEMOS RD  
City-St-Zip: OKEMOS, MI 48864

Title: VP ( ) Delete  
Name: RICE, LONELL D  
Address: 4100 OKEMOS RD  
City-St-Zip: OKEMOS, MI 48864

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FLOYD, CHARLES D  
Address: 4100 OKEMOS RD  
City-St-Zip: OKEMOS, MI 48864

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J FLESZAR DDS MS

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date