

**Alternative Reporting And Disclosure Statement**  
**For Nonqualified Deferred Compensation Plans**

To: Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: Reinsurance Association of America
2. The mailing address of the Employer is: 1301 Pennsylvania Ave., Suite 900  
Washington, D.C. 20004
3. The Employer Identification Number is: 52-0882723
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:  
One Plan(s) covering 11 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Reinsurance Association of America  
A Washington, D.C. Corporation

By: Robert Morris  
Authorized Person

Dated: April 30, 2004

REINSURANCE ASSOCIATION OF AMERICA  
Suite 900  
1301 Pennsylvania Avenue, N.W.  
Washington, D.C. 20004-1701



POST OFFICE  
WASHINGTON, DC



Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N- 5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210