## Edgar Filing: REINSURANCE GROUP OF AMERICA INC - Form 4

REINSURANC Form 4 April 26, 2005	E GROUP OI	F AMERI	CA INC	C								
FORM 4	<b>4 INITED</b>	STATES	GECU	DITIES AN	n ev		COMMISSIO	T -	OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								Number:	3235-0287			
Check this b	ox			.sington, 2				Expires:	January 31, 2005			
if no longer subject to Section 16. Form 4 or Form 5		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES										
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940												
(Print or Type Resp	ponses)											
1. Name and Addr EASON J CLII	2. Issuer Name <b>and</b> Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [RGA]				5. Relationship of Reporting Person(s) to Issuer							
					(Check all applicable)							
(Last) (First) (Middle)			3. Date of Earliest Transaction				X_ Director10% Owner Officer (give titleOther (specify					
1370 TIMBER PARKWAY	(Month/Day/Year) 04/22/2005				below)	below)	ici (specify					
			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
CHESTERFIE	Thea(wondurbay) real)				Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(State)											
•	. ,	(Zip)		ole I - Non-Der	ivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned			
1.Title of Security (Instr. 3)2. Transaction Data (Month/Day/Year)					Securit equired isposed nstr. 3, 4	(A) or of (D) 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						(A) or	Transaction(s)					
				Code V A	mount	(D) Price	(Instr. 3 and 4)					
Reminder: Report	on a separate line	e for each cl	ass of sec	urities beneficia	ally ow	ned directly of	or indirectly.					
					inforn requi	nation cont red to response ays a current	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)			
	Tab			curities Acquir ls, warrants, oj			Beneficially Owner securities)	1				

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof	Expiration Date	Underlying Securities	Derivativ

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Security (Instr. 3)	•		ny Month/Day/Year)	Code Derivative (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		Security (Instr. 5)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	\$ 0 <u>(1)</u>	04/22/2005		А	644 (2)		(3)	(3)	Common Stock	644	\$ 44.5

er

## **Reporting Owners**

	Relationships					
<b>Reporting Owner Name / Address</b>	Director	10% Owner	Officer	Other		
EASON J CLIFF 1370 TIMBERLAKE MANOR PARKWAY CHESTERFIELD, MO 63017	Х					
Signatures						
William L. Hutton, by Power of Attorney	04/25/20	05				
<u>**</u> Signature of Reporting Person	Date					

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) 1 for 1 based upon fair market value of Common Stock.
- (2) Acquired in lieu of cash payment for increase in director's annual retainer fee.
- (3) Vests on the earlier of (i) 10 years from the last of the plan year in which the phantom unit is granted, or (ii) the holder's retirement. Payable in cash or common stock, at the election of the Board.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.