

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Hannover Life Reassurance Company of America PAC

ADDRESS (number and street)

200 S. Orange Ave



(Check if address is changed)

Suite 1900

Orlando

CITY ▲

FL

STATE ▲

32801

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

hlramericaPAC@hlramerica.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

MM / DD / YYYY
02 / 28 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00740498

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thompson, Clinton, J., ,

Signature of Treasurer

Thompson, Clinton, J., ,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 28 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1. FEC ID number

2. FEC ID number

3. FEC ID number

4. FEC ID number

Write or Type Committee Name

Hannover Life Reassurance Company of America PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Hannover Life Reassurance Company of America

Mailing Address

200 S. Orange Ave

Suite 1900

Orlando

FL

32801

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Schaefer, Peter, R., ,

Mailing Address

200 S. Orange Ave

Suite 1900

Orlando

FL

32801

Title or Position

CITY

STATE

ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Thompson, Clinton, J., ,

Mailing Address

200 S. Orange Ave

Suite 1900

Orlando

FL

32801

Title or Position

CITY

STATE

ZIP CODE

Telephone number

407

649

8411

Full Name of
Designated
Agent

Martin, Glen, E., ,

Mailing Address

200 S. Orange Ave

Suite 1900

Orlando

CITY

FL

STATE

32801

ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo Bank

Mailing Address

800 N. Magnolia, Ste 800

Orlando

CITY

FL

STATE

32803

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE