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SCHUSTER PA	UL A									
Form 4										
January 28, 2005	5									
FORM 4	UNITED	STATES	SECU	DITIES	AND EV		COMMERION		PPROVAL	
Washington, D.C. 20549								OMB Number:	3235-0287	
Check this box if no longer criterian and the check of the DEDUCTION of the Check of the DEDUCTION of the Check of the Che								Expires:	January 31, 2005	
subject to Section 16. Form 4 or						ICIAL OV	DWNERSHIP OF Estimated average burden hours per response			
Form 5 obligations may continue. See Instructio 1(b).	Section 17((a) of the l	Public U	Jtility Hol	lding Co		nge Act of 1934, of 1935 or Sectio 940	·		
(Print or Type Respo	onses)									
1. Name and Address of Reporting Person <u>*</u> SCHUSTER PAUL A			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
	REINSURANCE GROUP OF AMERICA INC [RGA]			P OF	(Check all applicable)					
(Last)	(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			Director 10% Owner X Officer (give title Other (specify below) below)			
1370 TIMBERI PARKWAY	LAKE MANO	OR	01/27/2	2005			· · ·	tive Vice Presid	lent	
	4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 						
CHESTERFIEL	LD, MO 6301	7					Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	lly Owned	
	ransaction Date nth/Day/Year)	2A. Deema Execution any (Month/Da	Date, if	Code (Instr. 8)		(A) or of (D) 4 and 5) (A) or	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D) Price				
Reminder: Report o	n a separate line	e for each cl	ass of sec	urities bene	Perso inforr requi	ons who res nation cont red to respo ays a curre	or indirectly. spond to the colle ained in this form ond unless the for ntly valid OMB co	i are not rm	SEC 1474 (9-02)	
	Tab					sposed of, or convertible s	Beneficially Owned securities)	I		

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

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Purchase)	\$ 47.47	01/27/2005		A	10,533	<u>(1)</u>	01/27/2015	Common Stock	10,533
Reporting Owners									
Reporting Owner Name / Address					Relationship	0S			
			Director 1	10% Owner	Officer		Other		

Executive Vice President

SCHUSTER PAUL A 1370 TIMBERLAKE MANOR PARKWAY CHESTERFIELD, MO 63017

Signatures

William L. Hutton, by Power of Attorney

01/28/2005

Date

Explanation of Responses:

**Signature of Reporting Person

* 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) The options vest in 25% increments on the second, third, fourth and fifth anniversary dates of the grant.

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.