Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT
obligations may continue. See	

## FOF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*  LAY JACK B  (Last) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [ RGA ]  3. Date of Earliest Transaction (Month/Day/Year)								Direk X Offici belo	ilicable) ctor er (give title v)	ŭ	10% Ov Other (s below)	vner specify	
(Street) CHESTERFIELD MO 63017 (City) (State) (Zip)						01/27/2005  4. If Amendment, Date of Original Filed (Month/Day/Year)							Lir	3. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transar Date (Month/D.				action	Execution Date,			3. Transac Code (Ir 8)	tion	4. Securities Acquired (A)			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)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned  (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date,	4. Transactic Code (Ins 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		of Secur ar) Underly Derivativ		Title and Amount f Securities nderlying erivative Security nstr. 3 and 4)		f 9. Number derivative Securities Beneficial Owned Following Reported Transact (Instr. 4)	es ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Employee Stock Option (Right to	\$47.47	01/27/2005			A		10,533		(1)	0	1/27/2015	Common Stock	10,533	\$0	10,53	33	D		

## **Explanation of Responses:**

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

## Remarks:

William L. Hutton, by Power of 01/28/2005 **Attorney** 

Date

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.