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 obligations may continue. See Instruction 1(b).

STATEMENT OF 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

1. Name and Address of Reporting Person* HENDERSON ALAN C					RE	2. Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [RGA]									Check all a	pplicable) ector	ng Pers	g Person(s) to Issuer 10% Owner	
(Last) (First) (Middle) 1370 TIMBERLAKE MANOR PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 01/28/2004										icer (give title ow)		Other (specify below)	
(Street) CHESTERFIELD MO 63017-6039 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Non	n-Deriv	ative	Se	curitie	s Acc	quired,	Disp	oosed o	f, or	Bene	ficia	ally Ow	ned			
Da				Date	Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Disposed (Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3,			nd Secu Ben Own	mount of irities eficially ed Following orted	Form: (D) or	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount	(1	A) or D)	Price	Tran	saction(s) r. 3 and 4)			(111341.4)	
Common Stock				01/28/2004				A		1,503	3	Α	\$0		1,943		D		
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	rcise (Month/Day/Year) if any (Month/Day/Year) Cod (Month/Day/Year) 8)		Transa Code (. Deriv	rative rities ired r osed)	Expiration (Month/Da	Date Exercisable and expiration Date Month/Day/Year) Date Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		ount	8. Price o Derivative Security (Instr. 5)		Or For Di or (I)). wnership orm: irect (D) · Indirect I (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

/s/ William L. Hutton, by **Power of Attorney**

01/30/2004

** Signature of Reporting Person

Date

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.