

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07735

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** SWISS RE LIFE & HEALTH AMERICA INC.

**Current Principal Place of Business:**

ONE COMMERCIAL PLAZA  
HARTFORD, CT 06103

**New Principal Place of Business:**

**Current Mailing Address:**

175 KING STREET  
ARMONK, NY 105004

**New Mailing Address:**

**FEI Number:** 06-0839705

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: OZENDO, PIERRE L  
Address: 175 KING STREET  
City-St-Zip: ARMONK, NY 10504

Title: PRES  
Name: KINNAIRD, DONNA  
Address: 175 KING STREET  
City-St-Zip: ARMONK, NY 10504

Title: VPT  
Name: GORDON, JEFFREY  
Address: 175 KING STREET  
City-St-Zip: ARMONK, NY 10504

Title: CFOD  
Name: WYATT, ROBYN A  
Address: 175 KING STREET  
City-St-Zip: ARMONK, NY 10504

Title: VSEC  
Name: KENNY, ELISSA B  
Address: 175 KING STREET  
City-St-Zip: ARMONK, NY 10504

Title: AS  
Name: LEMON, MARK  
Address: 1700 MAGNAVOX WAY  
City-St-Zip: FORT WAYNE, IN 46804

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK LEMON

AS

02/17/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date