

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90247 031 ***150.00

0615196
AT

DOCUMENT # P07735

1. Entity Name
SWISS RE LIFE & HEALTH AMERICA INC.



Principal Place of Business
**969 HIGH RIDGE ROAD
STAMFORD CT 06905**

Mailing Address
**969 HIGH RIDGE ROAD
STAMFORD CT 06905**

2. Principal Place of Business

3. Mailing Address

175 King Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Armonk, NY

Zip

Country

Zip

Country

105004

USA

4. FEI Number **06-0839705**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EVP	<input type="checkbox"/> Delete
NAME	ECKERT, RAYMOND A	
STREET ADDRESS	175 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	C	<input type="checkbox"/> Delete
NAME	DUBOIS, JACQUES E.	
STREET ADDRESS	175 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	EVPG	<input type="checkbox"/> Delete
NAME	WILSON, WELDON W	
STREET ADDRESS	175 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	STROUP, CHRIS C	
STREET ADDRESS	175 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	HARRIGAN, PATRICIA D	
STREET ADDRESS	175 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROWLAND, LAWRENCE T	
STREET ADDRESS	1700 MAGNAVOX WAY	
CITY-ST-ZIP	FORT WAYNE IN	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stroup, Chris C.	
STREET ADDRESS	175 King Street	
CITY-ST-ZIP	Armonk, NY 10504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond A. Eckert-Executive Vice President 4/16/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **877/794-7773**

CR2E034 (10/02)