

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 803376

**Entity Name:** BRIGHHOUSE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

11225 NORTH COMMUNITY HOUSE ROAD  
CHARLOTTE, NC 28277

**Current Mailing Address:**

11225 N COMMUNITY HOUSE RD  
CHARLOTTE, NC 28277 US

**FEI Number: 06-0566090**

**Certificate of Status Desired: No**

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            STEIGERWALT, ERIC THOMAS  
Address        11225 NORTH COMMUNITY HOUSE  
                  ROAD  
City-State-Zip: CHARLOTTE NC 28277

Title            SECRETARY  
Name            JENKELOWITZ, JACOB MOISHE  
Address        11225 NORTH COMMUNITY HOUSE  
                  ROAD  
City-State-Zip: CHARLOTTE NC 28277

Title            TREASURER  
Name            MORGAN, JANET MARIE  
Address        11225 NORTH COMMUNITY HOUSE  
                  ROAD  
City-State-Zip: CHARLOTTE NC 28277

Title            DIRECTOR  
Name            ROSENTHAL, JOHN LLOYD  
Address        11225 NORTH COMMUNITY HOUSE  
                  ROAD  
City-State-Zip: CHARLOTTE NC 28277

Title            DIRECTOR  
Name            LAMBERT, MYLES JOSEPH  
Address        11225 NORTH COMMUNITY HOUSE  
                  ROAD  
City-State-Zip: CHARLOTTE NC 28277

Title            DIRECTOR  
Name            SPEHAR, EDWARD A.  
Address        11225 NORTH COMMUNITY HOUSE  
                  ROAD  
City-State-Zip: CHARLOTTE NC 28277

Title            DIRECTOR  
Name            ROSENBAUM, DAVID ALAN  
Address        11225 NORTH COMMUNITY HOUSE  
                  ROAD  
City-State-Zip: CHARLOTTE NC 28277

*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: JENKELOWITZ , JACOB MOISHE**

**SECRETARY**

**04/26/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date