

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817417

Entity Name: MUNICH AMERICAN REASSURANCE COMPANY

FILED
Feb 03, 2021
Secretary of State
7294544492CC

Current Principal Place of Business:

56 PERIMETER CENTER EAST, N.E.
STE. 500
ATLANTA, GA 30346

Current Mailing Address:

56 PERIMETER CENTER EAST, N.E.
STE. 500
ATLANTA, GA 30346

FEI Number: 58-0828824

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301 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: VIKKI SAETEURN

02/03/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title: PRESIDENT & CEO, CHAIRMAN OF THE BOARD
Name: GIGUERE, MARC-ANDRE
Address: 56 PERIMETER CENTER EAST, N.E. STE. 500
City-State-Zip: ATLANTA GA 30346

Title: SVP, GENERAL COUNSEL & SECRETARY
Name: FREEMAN, PAIGE S
Address: 56 PERIMETER CENTER EAST, N.E. STE. 500
City-State-Zip: ATLANTA GA 30346

Title: EVP, RESEARCH ANALYTICS & UNDERWRITING
Name: TAHT, MICHAEL S
Address: 56 PERIMETER CENTER EAST, N.E. STE. 500
City-State-Zip: ATLANTA GA 30346

Title: APPOINTED ACTUARY
Name: BEASLEY, DAVID R
Address: 56 PERIMETER CENTER EAST, N.E. STE. 500
City-State-Zip: ATLANTA GA 30346

Title: TREASURER
Name: ENGEL, JENNIFER S
Address: 56 PERIMETER CENTER EAST, N.E. STE. 500
City-State-Zip: ATLANTA GA 30346

Title: DEPUTY GENERAL COUNSEL & CHIEF COMPLIANCE OFFICER, ASSISTANT SECRETARY
Name: AMY, ATKINSON L
Address: 56 PERIMETER CENTER EAST, N.E. STE. 500
City-State-Zip: ATLANTA GA 30346

Title: CFO
Name: MARSH, QUENTIN MARK
Address: 56 PERIMETER CENTER EAST, N.E. STE. 500
City-State-Zip: ATLANTA GA 30346

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: AMY L. ATKINSON

ASST SECRETARY

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date