

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828685

Entity Name: NASSAU LIFE INSURANCE COMPANY OF KANSAS

FILED
Apr 30, 2021
Secretary of State
1467838084CC

Current Principal Place of Business:

1064 GREENWOOD BLVD
SUITE 260
LAKE MARY, FL 32746

Current Mailing Address:

PO BOX 958465
LAKE MARY, FL 32795-8465

FEI Number: 48-0557726

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 VP, GENERAL COUNSEL,
SECRETARY
Name CARLTON, STEVE
Address ONE AMERICAN ROW
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR, PRESIDENT
Name GASS, PHILLIP J
Address ONE AMERICAN ROW
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR
Name WILLIAMS, THOMAS A
Address ONE AMERICAN ROW
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR
Name GREGSON, KEVIN
Address ONE AMERICAN ROW
City-State-Zip: HARTFORD CT 06103

Title VP
Name CANNONE, RICHARD M FMLI
Address ONE AMERICAN ROW
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR
Name CHELIOTIS, KOSTAS
Address ONE AMERICAN ROW
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR
Name BUCKINGHAM, THOMAS M
Address ONE AMERICAN ROW
City-State-Zip: HARTFORD CT 06103

Title VP, CFO, TREASURER
Name PIQUETTE, DIANA
Address ONE AMERICAN ROW
City-State-Zip: HARTFORD CT 06103

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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: STEVE L CARLTON

SECRETARY

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name KOOPMANS, BRIAN
Address ONE AMERICAN ROW
City-State-Zip: HARTFORD CT 06103

Title ASSISTANT VP
Name BOYD, CARMEN
Address ONE AMERICAN ROW
City-State-Zip: HARTFORD CT 06103

Title ASST. TREASURER
Name GUAZZELLI, SUSAN
Address ONE AMERICAN ROW
City-State-Zip: HARTFORD CT 06103

Title VP
Name MACKIN, JOHN T JR.
Address ONE AMERICAN ROW
City-State-Zip: HARTFORD CT 06103

Title ASSISTANT VP
Name ESPINAL, JOSE
Address ONE AMERICAN ROW
City-State-Zip: HARTFORD CT 06103