

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845188

Entity Name: SWISS RE CORPORATE SOLUTIONS PREMIER INSURANCE CORPORATION**FILED**
Apr 28, 2022
Secretary of State
2364523124CC**Current Principal Place of Business:**1200 MAIN STREET
SUITE 800
KANSAS CITY, MO 64105**Current Mailing Address:**1200 MAIN STREET SUITE 800
KANSAS CITY, MO 64105 US**FEI Number: 36-2860812****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 SECRETARY & SENIOR VICE
PRESIDENT
Name KENNY, ELISSA B
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title SENIOR VICE PRESIDENT
Name ANDERSON, STEVEN
Address 1450 AMERICAN LANE SUITE 1100
City-State-Zip: SCHAUMBURG IL 60173

Title CHIEF EXECUTIVE OFFICER AND
PRESIDENT
Name GONZALEZ, IVAN
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title CFO AND SENIOR VICE PRESIDENT
Name MALONE, DERYCK
Address 1200 MAIN STREET SUITE 800
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR
Name MCINERNEY, ELIZABETH
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name O'SULLIVAN, SHARON
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name LAROCCA, MICHAEL
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name LAFOLLETTE, ROBIN
Address 1200 MAIN STREET
SUITE 800
City-State-Zip: KANSAS CITY MO 64105

Continues on page 2

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: DENNIS ENGEL**ATTORNEY IN FACT****04/28/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCGRATH, KATHLEEN
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title OFFICER
Name KURTZWEIL, ANNETTE
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name SCAMBOROVA, KATARINA
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title SENIOR VICE PRESIDENT
Name DUNN, KRYSTLE MARIE
Address 1200 MAIN STREET
SUITE 800
City-State-Zip: KANSAS CITY MO 64105

Title ATTORNEY IN FACT
Name ENGEL, DENNIS
Address 1200 MAIN STREET
SUITE 800
City-State-Zip: KANSAS CITY MO 64105

Title OFFICER
Name BOONE, STEPHANIE
Address 100 PINE STREET
SUITE 2200
City-State-Zip: SAN FRANCISCO CA 94111

Title DIRECTOR
Name COPPOLA, LAURA
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name BOHANNON, MICHAEL GRAY
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name WHITNEY, ELIZABETH PITTMAN
Address 222 WEST ADAMS STREET
SUITE 3000
City-State-Zip: CHICAGO IL 60606