

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002142

Entity Name: PARTNERRE LIFE REINSURANCE COMPANY OF AMERICA**Current Principal Place of Business:**425 W CAPITOL AVE SUITE 1800
LITTLE ROCK, AR 72201**Current Mailing Address:**200 FIRST STAMFORD PLACE
SUITE 400
STAMFORD, CT 06902 US**FEI Number:** 63-0483783**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/CEO, DIRECTOR
Name RYDER, ALAN K
Address 80 DOUGLAS DRIVE
City-State-Zip: TORONTO M4W 2B4

Title TREASURER
Name WALKER, MARSHA ETHEL
Address 19 CYPRESS POINT COURT
City-State-Zip: THORNHILL ONTARIO L3T 1V6

Title SECRETARY
Name FORSYTH, THOMAS LESTER
Address 200 FIRST STAMFORD PLACE
SUITE 400
City-State-Zip: STAMFORD CT 06902

Title OFFICER
Name ROBACZYNSKI, MARC
Address 200 FIRST STAMFORD PLACE
SUITE 400
City-State-Zip: STAMFORD CT 06902

Title OFFICER
Name DOWNEY, MARIA CRISTINA
Address 200 FIRST STAMFORD PLACE
SUITE 400
City-State-Zip: STAMFORD CT 06902

Title OFFICER
Name MARCHENKO, VADIM D
Address 200 FIRST STAMFORD PLACE
SUITE 400
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name ARCHAMBAULT, MARC
Address 200 FIRST STAMFORD PLACE
SUITE 400
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name IANNARONE, LEE JOHN
Address 200 FIRST STAMFORD PLACE
SUITE 400
City-State-Zip: STAMFORD CT 06902

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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: MARC ROBACZYNSKI**CONTROLLER****04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PHROMPECHRUT, CHAIRATCH
Address	200 FIRST STAMFORD PLACE SUITE 400
City-State-Zip:	STAMFORD CT 06902