

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07735

FILED
Jan 14, 2014
Secretary of State
CC7896138543

Entity Name: SWISS RE LIFE & HEALTH AMERICA INC.

Current Principal Place of Business:

175 KING STREET
ARMONK, NY 10504

Current Mailing Address:

175 KING STREET
ARMONK, NY 10504 US

FEI Number: 06-0839705

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 CEOD
Name SMITH, J. ERIC
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title PRES
Name SPRACKLING, NEIL
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title VPT
Name GORDON, JEFFREY
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title CFO
Name STEILEN, WILLIAM J
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title VSEC
Name KENNY, ELISSA B
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

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

Title DIRECTOR
Name D'ALIMONTE, JOHN
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

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

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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: ELISSA KENNY

VSEC

01/14/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

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

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

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

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

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

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

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