

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07735

**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           ISHERWOOD, JONATHAN  
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           SVP AND ASSISTANT SECRETARY  
Name           KENNY, ELISSA B  
Address        175 KING STREET  
City-State-Zip: ARMONK NY 10504

Title           DIRECTOR  
Name           PETREN, CAROL ANN  
Address        175 KING STREET  
City-State-Zip: ARMONK NY 10504

Title           DIRECTOR  
Name           ROMINGER, EILEEN  
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           RAAFLAUB, PATRICK  
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

**SVP AND ASSISTANT  
SECRETARY**

**01/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SVP, TREASURER  
Name STEVENS, CRAIG  
Address 175 KING STREET  
City-State-Zip: ARMONK NY 10504

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

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

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

Title MANAGING DIRECTOR, CFO  
Name REGAN, JOHN  
Address 175 KING STREET  
City-State-Zip: ARMONK NY 10504

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