

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809871

Entity Name: RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA**FILED**
Mar 22, 2022
Secretary of State
8284670452CC**Current Principal Place of Business:**225 SOUTH EAST STREET
SUITE 360
INDIANAPOLIS, IN 46202-4002**Current Mailing Address:**PO BOX 1596
INDIANAPOLIS, IN 46206-1596 US**FEI Number: 47-0397286****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	KOLESAR, JEFFREY M
Address	PO BOX 30381
City-State-Zip:	LANSING MI 48909

Title	TREASURER, CFO, CRO, DIRECTOR
Name	BASEL, AMY L
Address	PO BOX 30381
City-State-Zip:	LANSING MI 48909

Title	CHIEF LEGAL OFFICER, SECRETARY, DIRECTOR
Name	JENKINS, SUE E
Address	PO BOX 30381
City-State-Zip:	LANSING MI 48909

Title	EVP, DIRECTOR
Name	JURKOVIC, GORAN M CPA
Address	PO BOX 30381
City-State-Zip:	LANSING MI 48909

Title	ASST. SECRETARY
Name	LEAMING, JORDAN G
Address	PO BOX 30381
City-State-Zip:	LANSING MI 48909

Title	ASST. TREASURER
Name	KENWORTHY, JESSICA L
Address	PO BOX 30381
City-State-Zip:	LANSING MI 48909

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: SUE E. JENKINS**CHIEF LEGAL OFFICER,
SECRETARY****03/22/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date