2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2018
Secretary of State
CC8382949724

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

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

Title	OFFICER
Name	ROBACZYNSKI, MARC
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	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