2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002142

Entity Name: PARTNERRE LIFE REINSURANCE COMPANY OF AMERICA

FILED Apr 13, 2022 **Secretary of State** 0818813071CC

Current Principal Place of Business:

425 W CAPITOL AVE SUITE 1800 C/O MITCHELL WILLIAMS 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: Yes

Name and Address of Current Registered Agent:

Electronic Signature of 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:

Name

City-State-Zip:

Officer/Director Detail:

Title **DIRECTOR** Title SECRETARY, EVP, GENERAL

COUNSEL PICHE. ANDRE

Name LANGFORD, JOY LYNN Address 95 WELLINGTON STREET WEST

Address 200 FIRST STAMFORD PLACE 12TH FLOOR

SUITE 400 TORONTO ONTARIO M5J 2N7

City-State-Zip: City-State-Zip: STAMFORD CT 06902

Title CHIEF UNDERWRITING OFFICER Title **DIRECTOR**

DOWNEY, MARIA CRISTINA Name ARCHAMBAULT, MARC Name

200 FIRST STAMFORD PLACE Address 200 FIRST STAMFORD PLACE Address SUITE 400

SUITE 400

STAMFORD CT 06902 City-State-Zip: STAMFORD CT 06902 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

IANNARONE, LEE JOHN Name HILL, CHARLES Name 200 FIRST STAMFORD PLACE Address

Address 200 FIRST STAMFORD PLACE SUITE 400

SUITE 400 City-State-Zip: STAMFORD CT 06902

City-State-Zip: STAMFORD CT 06902

Title PRESIDENT AND DIRECTOR

Title CHIEF PRICING OFFICER SHANAHAN, CHRISTOPHER SCOTT Name

200 FIRST STAMFORD PLACE Address

200 FIRST STAMFORD PLACE Address SUITE 400

Name

SUITE 400 STAMFORD CT 06902

STAMFORD CT 06902 City-State-Zip:

LUCK, SUZANNE

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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.

04/13/2022 SIGNATURE: CAROLINA CHANG ASSISTANT SECRETARY

Date

Officer/Director Detail Continued:

Title CHIEF RISK OFFICER
Name PERKS, JULIE ANNE

Address 200 FIRST STAMFORD PLACE

SUITE 400

City-State-Zip: STAMFORD CT 06902

Title ASST. SECRETARY
Name CHANG, CAROLINA

Address 200 FIRST STAMFORD PLACE

SUITE 400

City-State-Zip: STAMFORD CT 06902

Title TREASURER
Name ALIBUX, TAMER

Address 95 WELLINGTON STREET WEST

12TH FLOOR

City-State-Zip: TORONTO ONTARIO M5J 2N7