

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002142

Entity Name: PARTNERRE LIFE REINSURANCE COMPANY OF AMERICA**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:**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 DIRECTOR
Name PICHE, ANDRE
Address 95 WELLINGTON STREET WEST
12TH FLOOR
City-State-Zip: TORONTO ONTARIO M5J 2N7

Title CHIEF UNDERWRITING OFFICER
Name DOWNEY, MARIA CRISTINA
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

Title PRESIDENT AND DIRECTOR
Name SHANAHAN, CHRISTOPHER SCOTT
Address 200 FIRST STAMFORD PLACE
SUITE 400
City-State-Zip: STAMFORD CT 06902

Title SECRETARY, EVP, GENERAL
COUNSEL
Name LANGFORD, JOY LYNN
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 DIRECTOR
Name HILL, CHARLES
Address 200 FIRST STAMFORD PLACE
SUITE 400
City-State-Zip: STAMFORD CT 06902

Title CHIEF PRICING OFFICER
Name LUCK, SUZANNE
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: CAROLINA CHANG**ASSISTANT SECRETARY** 01/23/2023

Electronic Signature of Signing Officer/Director Detail

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, CFO
Name ALIBUX, TAMER
Address 95 WELLINGTON STREET WEST
12TH FLOOR
City-State-Zip: TORONTO M5J 2N7