2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2025
Secretary of State
4902241149CC

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	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	SECRETARY, EVP, GENERAL COUNSEL
Name	LANGFORD, JOY LYNN
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

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

Title	DIRECTOR
Name	BORDEN, JOSHUA P.
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: MAURA TEPPER ASSISTANT SECRETARY 04/02/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASSISTANT SECRETARY
Name	TEPPER, MAURA
Address	200 FIRST STAMFORD PLACE SUITE 400
City-State-Zip:	STAMFORD CT 06902

Title	PRESIDENT & DIRECTOR
Name	DEKONING, MICHAEL
Address	200 FIRST STAMFORD PLACE SUITE 400
City-State-Zip:	STAMFORD CT 06902

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