

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002142

**FILED**  
**Jan 23, 2023**  
**Secretary of State**  
**7399377911CC**

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

Title CHIEF UNDERWRITING 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 DIRECTOR  
Name IANNARONE, LEE JOHN  
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 PRESIDENT AND DIRECTOR  
Name SHANAHAN, CHRISTOPHER SCOTT  
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 TREASURER, CFO  
Name ALIBUX, TAMER  
Address 95 WELLINGTON STREET WEST  
12TH FLOOR  
City-State-Zip: TORONTO M5J 2N7

Title ASST. SECRETARY  
Name CHANG, CAROLINA  
Address 200 FIRST STAMFORD PLACE  
SUITE 400  
City-State-Zip: STAMFORD CT 06902