

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002142

**FILED**  
**Apr 09, 2021**  
**Secretary of State**  
**9040477414CC**

**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:** 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 DIRECTOR  
Name RYDER, ALAN K  
Address 80 DOUGLAS DRIVE  
City-State-Zip: TORONTO M4W 2B4

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

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

Title CONTROLLER  
Name ROBACZYNSKI, MARC  
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

**Continues on page 2**

*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 ANTHONY ROBACZYNSKI

**CONTROLLER**

**04/09/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title            CHIEF RISK OFFICER  
Name            PERKS, JULIE ANNE  
Address        200 FIRST STAMFORD PLACE  
                 SUITE 400  
City-State-Zip: STAMFORD CT 06902