

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07735

Entity Name: SWISS RE LIFE & HEALTH AMERICA INC.**Current Principal Place of Business:**175 KING STREET
ARMONK, NY 10504**Current Mailing Address:**175 KING STREET
ARMONK, NY 10504 US**FEI Number:** 06-0839705**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 CEOD
Name ISHERWOOD, JONATHAN
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title PRES
Name SPRACKLING, NEIL
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title SVP AND ASSISTANT SECRETARY
Name KENNY, ELISSA B
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name PETREN, CAROL ANN
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name ROMINGER, EILEEN
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name JAHNKE, DAVID
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name RYAN, PHILLIP
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name RAAFLAUB, PATRICK
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

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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: ELISSA KENNY**SENIOR VICE PRESIDENT 02/23/2023
AND ASSISTANT
SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GAVAN, KAREN
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name DACEY, JOHN
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name ZIMPLEMAN, LARRY
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title MANAGING DIRECTOR, CFO
Name REGAN, JOHN
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name MACLEAN, BRIAN
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title SVP AND TREASURER
Name BARNES, CHAD
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019