

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90008 037 ***150.00

DOCUMENT # P26889

1. Entity Name

WINTERTHUR REINSURANCE CORPORATION OF AMERICA
 n/k/a/ PartnerRe Insurance Company of New York

Principal Place of Business

Mailing Address

225 LIBERTY STREET, 42ND FLOOR
 NEW YORK NY 10281-8001

225 LIBERTY STREET, 42ND FLOOR
 NEW YORK NY 10281-1008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3531373**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, RICHARD B.
2804 REMINGTON GREEN CIRCLE, SUITE 4
TALLAHASSEE FL 32308

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, SCOTT D		NAME		
STREET ADDRESS	225 LIBERTY ST, 42ND FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		
TITLE	V D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASSENATO, VINCENT		NAME		
STREET ADDRESS	225 LIBERTY ST, 42ND FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKAY, MICHAEL C.		NAME	Skay, Michael C.	
STREET ADDRESS	225 LIBERTY ST, 42ND FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILLEBEEN, JEAN -PIERRE		NAME		
STREET ADDRESS	225 LIBERTY ST, 42ND FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, ROBERT C		NAME	Adimari, John N.	
STREET ADDRESS	225 LIBERTY ST, 42ND FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASSENATO, VINCENT T		NAME	Hauck, Cathy A.	
STREET ADDRESS	225 LIBERTY ST, 42ND FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with my true like empowered.

SIGNATURE: SIGNATURE: Michael C. Skay 4/25/00 212-416-5700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael C. Skay Date Daytime Phone #