

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90224 031 ***150.00

DOCUMENT # P26889

1. Entity Name
PARTNERRE INSURANCE COMPANY OF NEW YORK

Principal Place of Business
**26 BROADWAY
 STE 400 4TH FLOOR
 NEW YORK NY 10004**

Mailing Address
**ONE GREENWICH PLAZA
 GREENWICH CT 06830**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
245 Park Avenue - 24th Floor

3. Mailing Address

Suite, Apt. #, etc.
Office #23

Suite, Apt. #, etc.

City & State
New York, NY 10167

City & State

4. FEI Number
13-3531373

Applied For
 Not Applicable

Zip
10167

Country
USA

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, SCOTT D ONE GREENWICH PLAZA GREENWICH CT 06830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D PESTCOE, MARVIN ONE GREENWICH PLAZA GREENWICH CT 06830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, ROBIN M ONE GREENWICH PLAZA GREENWICH CT 06830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FILLEBEEN, JEAN -PIERRE ONE GREENWICH PLAZA GREENWICH CT 06830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADIMARI, JOHN N ONE GREENWICH PLAZA GREENWICH CT 06830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HAUCK, CATHY A ONE GREENWICH PLAZA GREENWICH CT 06830	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D GIANNOS, DENNIS G ONE GREENWICH PLAZA GREENWICH CT 06830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MURAD, JOHN A ONE GREENWICH PLAZA GREENWICH, CT 06830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D WONG, JOHN B ONE GREENWICH PLAZA GREENWICH CT 06830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D DAVIDSON, JOHN W ONE GREENWICH PLAZA GREENWICH CT 06830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BONARRIGO, DOMENICK M ONE GREENWICH PLAZA GREENWICH CT 06830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D THIELE, PATRICK A 96 PITTS BAY ROAD PEMBROKE HM 08 BERMUDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

203-485-4200

Daytime Phone #

CR2E034 (9/01)