

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P26889

1. Entity Name
PARTNERRE INSURANCE COMPANY OF NEW YORK



Principal Place of Business
245 PARK AVENUE
24TH FLOOR - OFFICE #23
NEW YORK, NY 10167

Mailing Address
ONE GREENWICH PLAZA
GREENWICH, CT 06830



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3531373** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOORE, SCOTT D
STREET ADDRESS	ONE GREENWICH PLAZA
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	D
NAME	PESTCOE, MARVIN
STREET ADDRESS	ONE GREENWICH PLAZA
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	VD
NAME	WILLIAMS, ROBIN M
STREET ADDRESS	ONE GREENWICH PLAZA
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	CD
NAME	THIELE, PATRICK A
STREET ADDRESS	BLACKBURN PLACE, 112 HARBOUR RD.
CITY-ST-ZIP	WARWICK, BERMUDA, PG01
TITLE	VD
NAME	ADIMARI, JOHN N
STREET ADDRESS	ONE GREENWICH PLAZA
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	VSD
NAME	HAUCK, CATHY A
STREET ADDRESS	ONE GREENWICH PLAZA
CITY-ST-ZIP	GREENWICH, CT 06830

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 04/28/05-80139-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cathy A. Hauck 203-485-4200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/25/05 Daytime Phone #