

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26889

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: PARTNERRE INSURANCE COMPANY OF NEW YORK

**Current Principal Place of Business:**

245 PARK AVENUE  
24TH FLOOR - OFFICE #23  
NEW YORK, NY 10167

**New Principal Place of Business:**

**Current Mailing Address:**

ONE GREENWICH PLAZA  
GREENWICH, CT 06830

**New Mailing Address:**

FEI Number: 13-3531373      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOORE, SCOTT D  
Address: ONE GREENWICH PLAZA  
City-St-Zip: GREENWICH, CT 06830

Title: D ( ) Delete  
Name: PESTCOE, MARVIN  
Address: ONE GREENWICH PLAZA  
City-St-Zip: GREENWICH, CT 06830

Title: VD ( ) Delete  
Name: WILLIAMS, ROBIN M  
Address: ONE GREENWICH PLAZA  
City-St-Zip: GREENWICH, CT 06830

Title: CD ( ) Delete  
Name: THIELE, PATRICK A  
Address: WELLESLEY HOUSE, 96 PITTS BAY ROAD  
City-St-Zip: PEMBROKE HM, O8 BERMUDSA,

Title: VD ( ) Delete  
Name: ADIMARI, JOHN N  
Address: ONE GREENWICH PLAZA  
City-St-Zip: GREENWICH, CT 06830

Title: VSD ( ) Delete  
Name: HAUCK, CATHY A  
Address: ONE GREENWICH PLAZA  
City-St-Zip: GREENWICH, CT 06830

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CATHY A. HAUCK

VSD

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date