


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90349 032 ***150.00

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	
2. Principal Place of Business - No P.O. Box # One Greenwich Plaza		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Greenwich, CT 06830		City & State	
Zip 06830	Country USA	Zip	Country
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		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
		FL	
Zip Code		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. 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	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	D PESTCOE, MARVIN ONE GREENWICH PLAZA GREENWICH, CT 06830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DiBuduo, John B One Greenwich Plaza Greenwich, CT 06830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, ROBIN M ONE GREENWICH PLAZA GREENWICH, CT 06830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Walker, Theodore W One Greenwich Plaza Greenwich, CT 06830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD THIELE, PATRICK A WELLESLEY HOUSE, 96 PITTS BAY ROAD PEMBROKE HM, O8 BERMUDSA. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Englander, Jeffrey A One Greenwich Plaza Greenwich, CT 06830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	VD Forgione, Vincent J One Greenwich Plaza Greenwich, CT 06830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HAUCK, CATHY A ONE GREENWICH PLAZA GREENWICH, CT 06830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Forsyth, Thomas L One Greenwich Plaza Greenwich, CT 06830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Thomas L Forsyth</i> Thomas L Forsyth		Date: 4/24/08 Daytime Phone #: 203-485-8356	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

40084743



04242008 Chg-P CR2E034 (12/06)

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

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

ATTACHMENT

PartnerRe Insurance Company of New York

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#10 List of Officers and Directors - Continued

VD Dennis G. Giannos	One Greenwich Plaza	Greenwich, CT 06830
VD Charles T. Goldie	One Greenwich Plaza	Greenwich, CT 06830
VD Charlene A. Heffernan	One Greenwich Plaza	Greenwich, CT 06830
VD Wayne Hommes	One Greenwich Plaza	Greenwich, CT 06830
VD Carol Ann O'Dea	One Greenwich Plaza	Greenwich, CT 06830
VD John S. Peppard	One Greenwich Plaza	Greenwich, CT 06830
VD Richard N. Sanford	One Greenwich Plaza	Greenwich, CT 06830
VD John B. Wong	One Greenwich Plaza	Greenwich, CT 06830
VT Serge Rocourt	One Greenwich Plaza	Greenwich, CT 06830