

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26889

FILED
Apr 08, 2011
Secretary of State

Entity Name: PARTNERRE INSURANCE COMPANY OF NEW YORK

Current Principal Place of Business:

ONE GREENWICH PLAZA
GREENWICH, CT 06830 US

New Principal Place of Business:

Current Mailing Address:

ONE GREENWICH PLAZA
GREENWICH, CT 06830 US

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

OFFICERS AND DIRECTORS:

Title: PD
Name: WALKER, THEODORE C PCEOD
Address: ONE GREENWICH PLAZA
City-St-Zip: GREENWICH, CT 06830 US

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

Title: VSD
Name: FORSYTH, THOMAS L VSD
Address: ONE GREENWICH PLAZA
City-St-Zip: GREENWICH, CT 06830 US

Title: VD
Name: SANFORD, RICHARD N VD
Address: ONE GREENWICH PLAZA
City-St-Zip: GREENWICH, CT 06830 US

Title: VD
Name: HICKEY, JOHN D VD
Address: ONE GREENWICH PLAZA
City-St-Zip: GREENWICH, CT 06830 US

Title: VAS
Name: FIDELIBUS, LISA A VAS
Address: ONE GREENWICH PLAZA
City-St-Zip: GREENWICH, CT 06830 US

I hereby 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 all other like empowered.

SIGNATURE: LISA A. FIDELIBUS

VAS

04/08/2011

Electronic Signature of Signing Officer or Director

Date