


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-01-2003 90328 046 ***150.00
P26889

0614928 AT

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

FILED
03 MAY 27 PM 3:02
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



CHECK HERE IF MAKING CHANGES

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
**INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399**

7. Name and Address of New Registered Agent
Name **Chief Financial Officer**
Street Address (P.O. Box Number is Not Acceptable)
200 East Gains Street (P.O. Box 6200)
City **Tallahassee** FL Zip Code **32314-6200**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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	V/D GIANNOS, DENNIS GEORGE ONE GREENWICH PLAZA GREENWICH CT 06830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PESTCOE, MARVIN ONE GREENWICH PLAZA GREENWICH CT 06830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D WONG, JOHN BULLITT 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 type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BONARRIGO, DOMENICK MICHAEL One Greenwich Plaza Greenwich, CT 06830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FILLEBEE, JEAN-PIERRE ONE GREENWICH PLAZA GREENWICH CT 06830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D O'DEA, CAROL ANN 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	CD THIELE, PATRICK A. BLACKBURN PLACE, 112 HARBOUR ROAD WARWICK, PGO1 BERMUDA <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 type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUBUDUO, JOHN BAPTIST 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cathy A. Hauck **SIGNATURE REQUIRED** Cathy A. Hauck **203-485-4200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/28/03 Daytime Phone #

CR2034 (10/02)

11. Officers and Directors

Attachment
80100102
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CONTINUED Page 2

Title V/D
Name COCA, MICHAEL ANGELO
Address 1 BUXTON LANE
RIVERSIDE, CT 06878

Title V/D
Name DAVIDSON, JOHN WOODYARD
Address 16 WILLOW ROAD
RIVERSIDE, CT 06870

Title V/D
Name GOLDIE, CHARLES TOWNSEND
Address 339 DEMOTT AVENUE
ROCKVILLE CENTRE, NY 11570

Title V/D
Name HEFFERNAN, CHARLENE A.
Address 326 Webbs Hill Road
Stamford, CT 06903

Title V/D
Name PEPPARD, JOHN SPENCER
Address 2 TIMOTHY LANE
HUNTINGTON STATION, NY 11746

Title D
Name PESTCOE, MARVIN
Address 107 W. 89TH STREET, APT. 2B
NEW YORK, NY 10024

Title V/D
Name SANFORD, RICHARD NEWELL.
Address 44 BREEDS HILL PLACE
WILTON, CT 06897

Attachment

11. Officers

CONTINUED page 3

86100102
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Title V
Name AMELIO, MARIA VERONICA
Address 254 -12 38TH AVENUE
LITTLE NECK, NY 11363

Title V
Name BLANK, THEODORE ROBERT
Address 136 CHURCH ROAD
GREAT RIVER, NY 11739

Title V
Name BROWN, JAMES JOSEPH
Address 21 SHAWNEE LANE
MONROE, CT 06468

Title V
Name CAPIZZI, JOHN ANTHONY
Address 76 WILLIAM ST
GREENWICH, CT 06830

Title V
Name COVNEY, MICHAEL DENNIS
Address 9 HEMLOCK DRIVE
GREENWICH, CT 06831

Title V
Name JACOBSEN, ROGER CRAIG
Address 15 ANDOVER COURT
CORTLANDT MANOR, NY 10566

Title V
Name HUGHES, WILLIAM GEORGE
Address 163 THUNDER LAKE ROAD
WILTON, CT 06897

Title V
Name LARKIN, DANIEL THOMAS
Address 582 PROSPECT AVENUE
RIVER VALE, NJ 07675

Title V
Name MCDONALD, MICHAEL JOHN
Address 242 KINGS ROAD
MADISON, NJ 07940

Title V
Name MURAD, JOHN ARAM
Address 48 SHORE ROAD
OLD GREENWICH, CT 06870

Title V
Name PEDUTO, TANYA EDITH
Address 17160 JAMI LYN LANE
BELTON, MO 64012

Title V/T
Name ROCOURT, SERGE
Address: 1259 IDE AVENUE
SEAFORD, NY 11783

Title V
Name SAYDLOWSKI, JOSEPH PAUL
Address 173 BRYAN HILL ROAD
MILFORD, CT 06460

Attachment

PartnerRe US

VIA EXPRESS MAIL

April 28, 2003

80100102
#P26889

Uniform Business Report Filings
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: **PartnerRe Insurance Company of New York - NAIC #10006**

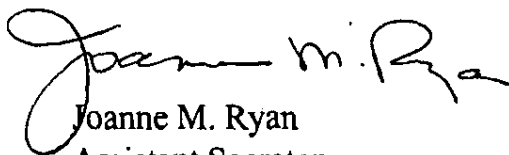
Dear Sir or Madam:

Please find enclosed the following documents due on or before May 1, 2003:

- *2003 Uniform Business Report*
- *Check No. 1100307 for \$150*
 - . *\$61.25 Annual Report Fee*
 - . *\$88.75 Supplemental Corp. Fee*

Should you have any questions, please do not hesitate to call.

Regards,


Joanne M. Ryan
Assistant Secretary

/jmr

Encs.