

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P26889

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC1517468656**

**Entity Name:** PARTNERRE INSURANCE COMPANY OF NEW YORK

**Current Principal Place of Business:**

ONE GREENWICH PLAZA  
GREENWICH, CT 06830

**Current Mailing Address:**

ONE GREENWICH PLAZA  
GREENWICH, CT 06830 US

**FEI Number:** 13-3531373

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, CEO, DIRECTOR  
Name            WALKER, THEODORE C  
Address        ONE GREENWICH PLAZA  
City-State-Zip: GREENWICH CT 06830

Title            EVP, SECRETARY, GENERAL  
                  COUNSEL, DIRECTOR  
Name            FORSYTH, THOMAS L  
Address        ONE GREENWICH PLAZA  
City-State-Zip: GREENWICH CT 06830

Title            EVP, DIRECTOR  
Name            SANFORD, RICHARD N  
Address        ONE GREENWICH PLAZA  
City-State-Zip: GREENWICH CT 06830

Title            EVP, DIRECTOR  
Name            HICKEY, JOHN D  
Address        ONE GREENWICH PLAZA  
City-State-Zip: GREENWICH CT 06830

Title            VP, ASSISTANT SECRETARY  
Name            FIDELIBUS, LISA A  
Address        ONE GREENWICH PLAZA  
City-State-Zip: GREENWICH CT 06830

Title            SVP  
Name            ENGLANDER, JEFFREY A.  
Address        ONE GREENWICH PLAZA  
City-State-Zip: GREENWICH CT 06830

Title            SVP, DIRECTOR  
Name            PEPPARD, JOHN S.  
Address        ONE GREENWICH PLAZA  
City-State-Zip: GREENWICH CT 06830

Title            EVP  
Name            NOSCHESI, MATHILDE P.  
Address        ONE GREENWICH PLAZA  
City-State-Zip: GREENWICH CT 06830

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*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

**VP & ASSISTANT  
SECRETARY**

**04/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP, CONTROLLER  
Name ALBANO, ANTHONY F.  
Address ONE GREENWICH PLAZA  
City-State-Zip: GREENWICH CT 06830

Title SVP  
Name CAPIZZI, JOHN A.  
Address ONE GREENWICH PLAZA  
City-State-Zip: GREENWICH CT 06830

Title CHAIRMAN, DIRECTOR  
Name BABCOCK, WILLIAM R.  
Address WELLESLEY HOUSE  
90 PITTS BAY ROAD  
City-State-Zip: PEMBROKE HM 08 BM OC

Title AVP  
Name ALLEN, ABIGAIL  
Address ONE GREENWICH PLAZA  
City-State-Zip: GREENWICH CT 06830

Title SVP  
Name SAYDLOWSKI, JOSEPH P.  
Address ONE GREENWICH PLAZA  
City-State-Zip: GREENWICH CT 06830

Title SVP, CFO, TREASURER  
Name SHEVCHIK, MARTA J.  
Address ONE GREENWICH PLAZA  
City-State-Zip: GREENWICH CT 06830

Title EVP, COO, DIRECTOR  
Name DESMET, LAURIE A.  
Address ONE GREENWICH PLAZA  
City-State-Zip: GREENWICH CT 06830