

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26889

**FILED
Apr 19, 2018
Secretary of State
CC5539542757**

Entity Name: PARTNERRE INSURANCE COMPANY OF NEW YORK

Current Principal Place of Business:

200 FIRST STAMFORD PLACE
SUITE 400
STAMFORD, CT 06902

Current Mailing Address:

200 FIRST STAMFORD PLACE
SUITE 400
STAMFORD, CT 06902 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, CHAIRMAN, DIRECTOR
Name SANFORD, RICHARD N
Address 200 FIRST STAMFORD PLACE
 SUITE 400
City-State-Zip: STAMFORD CT 06902

Title EVP, SECRETARY, GENERAL
 COUNSEL, DIRECTOR
Name FORSYTH, THOMAS L
Address 200 FIRST STAMFORD PLACE
 SUITE 400
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name IANNARONE, LIBERATORE J
Address 200 FIRST STAMFORD PLACE
 SUITE 400
City-State-Zip: STAMFORD CT 06902

Title VP, ASSISTANT SECRETARY
Name FIDELIBUS, LISA A
Address 200 FIRST STAMFORD PLACE
 SUITE 400
City-State-Zip: STAMFORD CT 06902

Title SVP
Name ENGLANDER, JEFFREY A.
Address 200 FIRST STAMFORD PLACE
 SUITE 400
City-State-Zip: STAMFORD CT 06902

Title EVP, DIRECTOR
Name HALPER, LYNN M
Address 200 FIRST STAMFORD PLACE
 SUITE 400
City-State-Zip: STAMFORD CT 06902

Title VP, CFO, TREASURER
Name ALBANO, ANTHONY F.
Address 200 FIRST STAMFORD PLACE
 SUITE 400
City-State-Zip: STAMFORD CT 06902

Title SVP, DIRECTOR
Name SHEVCHIK, MARTA J.
Address 200 FIRST STAMFORD PLACE
 SUITE 400
City-State-Zip: STAMFORD CT 06902

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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

ASSISTANT SECRETARY 04/19/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HUSSAIN, MOHAMMAD ABU TURAB
Address 200 FIRST STAMFORD PLACE
SUITE 400
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name SHERECK, BRETT MICHAEL
Address 200 FIRST STAMFORD PLACE
SUITE 400
City-State-Zip: STAMFORD CT 06902