

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P26889

**FILED**  
**Apr 11, 2017**  
**Secretary of State**  
**CC0202259773**

**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, CHAIRMAN, DIRECTOR  
Name            SANFORD, RICHARD N  
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            DIRECTOR  
Name            PESTCOE, MARVIN  
Address        ONE GREENWICH PLAZA  
City-State-Zip: GREENWICH CT 06830

Title            DIRECTOR  
Name            IANNARONE, LIBERATORE J  
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            EVP, DIRECTOR  
Name            HALPER, LYNN M  
Address        ONE GREENWICH PLAZA  
City-State-Zip: GREENWICH CT 06830

Title            VP, CONTROLLER  
Name            ALBANO, ANTHONY F.  
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

**VICE PRESIDENT**

**04/11/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title AVP  
Name LUN, OLIVIA S.L.  
Address ONE GREENWICH PLAZA  
City-State-Zip: GREENWICH CT 06830

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

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

Title DIRECTOR  
Name HAFT, GREG M.  
Address ONE GREENWICH PLAZA  
City-State-Zip: GREENWICH CT 06830