

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P26889

**FILED**  
**Jan 21, 2020**  
**Secretary of State**  
**3107290537CC**

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

**Current Principal Place of Business:**

10375 PROFESSIONAL CIRCLE  
RENO, NV 89521

**Current Mailing Address:**

P.O BOX 1389  
AUSTIN, TX 78767 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 CHAIRMAN  
Name RUMBOLZ , MICHAEL D  
Address 10375 PROFESSIONAL CIRCLE  
City-State-Zip: RENO NV 89521

Title CEO, DIRECTOR  
Name DIRKS , DOUGLAS D  
Address 10375 PROFESSIONAL CIRCLE  
City-State-Zip: RENO NV 89521

Title PRESIDENT, DIRECTOR  
Name BERG, TRACEY L  
Address 919 CONGRESS AVE STE 1325  
City-State-Zip: AUSTIN TX 78701

Title TREASURER, DIRECTOR  
Name PAQUETTE , MICHAEL  
Address 10375 PROFESSIONAL CIRCLE  
City-State-Zip: RENO NV 89521

Title SECRETARY, DIRECTOR, VP  
CORPORATE COUNSEL  
Name BENEDUM, JULI A  
Address 919 CONGRESS AVE STE 1325  
City-State-Zip: AUSTIN TX 78701

Title ASST. SECRETARY, DIRECTOR  
Name BROWN, LORI  
Address 10375 PROFESSIONAL CIRCLE  
City-State-Zip: RENO NV 89521

Title EVP, CHIEF ACTUARY  
Name ANTONELLO, KATHERINE  
Address 10375 PROFESSIONAL CIRCLE  
City-State-Zip: RENO NV 89521

Title SVP, COO  
Name DIX, DENNIS  
Address 919 CONGRESS AVE SUITE 1325  
City-State-Zip: AUSTIN TX 78701

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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: JULI A BENEDUM**

**SECRETARY**

**01/21/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SVP, CHIEF CLAIMS OFFICER  
Name VOGT, BARRY J  
Address 10375 PROFESSIONAL CIRCLE  
City-State-Zip: RENO NV 89521

Title VP, TREASURY AND INVESTMENT  
Name HENDRICKSEN, MATTHEW  
Address 10375 PROFESSIONAL CIRCLE  
City-State-Zip: RENO NV 89521

Title VP, CORPORATE CONTROLLER  
Name CARBONAR, GEORGE  
Address 10375 PROFESSIONAL CIRCLE  
City-State-Zip: RENO NV 89521

Title VP, TAX  
Name KAUFFMAN, KEN  
Address 10375 PROFESSIONAL CIRCLE  
City-State-Zip: RENO NV 89521