

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 811291

1. Entity Name

PARTNERRE LIFE INSURANCE COMPANY OF THE U.S.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90057 016 ***150.00

631685



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2727 TURTLE CREEK BOULEVARD
DALLAS TX 75219

Mailing Address
P. O. BOX 650391
DALLAS TX 75265-0391

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 75-6020048

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD
NAME ADIMARI, JOHN N
STREET ADDRESS 225 LIBERTY ST 42ND FLOOR
CITY-ST-ZIP NEW YORK NY 10281 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME JARDIN, ALEXANDER G
STREET ADDRESS 2727 TURTLE CREEK BLVD.
CITY-ST-ZIP DALLAS TX 75219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VTD
NAME BRILL, JOHN MICHAEL
STREET ADDRESS 2727 TURTLE CREEK BLVD.
CITY-ST-ZIP DALLAS TX 75219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSD
NAME SKAY, MICHAEL C
STREET ADDRESS 225 LIBERTY ST 42ND FLOOR
CITY-ST-ZIP NEW YORK NY 10281 ☒ Delete

TITLE VSD
NAME Cathy A. Hauck
STREET ADDRESS 225 Liberty St. 42nd Floor
CITY-ST-ZIP New York, NY 10281 ☐ Change ☒ Addition

TITLE VD
NAME ALLEN, JAMES FRANCIS
STREET ADDRESS 2727 TURTLE CREEK BLVD.
CITY-ST-ZIP DALLAS TX 75219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME LEE, GARY YEE EE
STREET ADDRESS 2727 TURTLE CREEK BLVD.
CITY-ST-ZIP DALLAS TX 75219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)