


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90349 031 ***150.00

DOCUMENT # F00000006702 1. Entity Name PARTNER REINSURANCE COMPANY OF THE U.S.					
Principal Place of Business 245 PARK AVENUE - 24TH FL OFFICE # 23 NEW YORK, NY 10167			Mailing Address ONE GREENWICH PLAZA GREENWICH, CT 06830		
2. Principal Place of Business - No P.O. Box # One Greenwich Plaza		3. Mailing Address Suite, Apt. #, etc.			
City & State Greenwich, CT 06830		City & State Suite, Apt. #, etc.			
Zip 06830	Country USA	Zip Country	4. FEI Number 13-3031176		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER 200 EAST GAINS STREET (PO BOX 6200) TALLAHASSEE, FL 32314-6200			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOORE, SCOTT DAVID <input type="checkbox"/> Delete ONE GREENWICH PL GREENWICH, CT 06830		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Davidson, John W <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Greenwich Plaza Greenwich, CT 06830	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ADIMARI, JOHN NOEL <input type="checkbox"/> Delete ONE GREENWICH PL GREENWICH, CT 06830		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Pestcoe, Marvin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Greenwich Plaza Greenwich, CT 06830	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD HAUCK, CATHY ANN <input checked="" type="checkbox"/> Delete ONE GREENWICH PL GREENWICH, CT 06830		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD Forsyth, Thomas L <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Greenwich Plaza Greenwich, CT 06830	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD THIELE, PATRICK A <input type="checkbox"/> Delete WELLESLEY HOUSE, 96 PITTS BAY RD PEMBROKE HM 08, BERMUDA,		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Englander, Jeffrey A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Greenwich Plaza Greenwich, CT 06830	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DIBUDUO, JOHN BAPTIST <input type="checkbox"/> Delete ONE GREENWICH PL GREENWICH, CT 06830		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Forgione, Vincent J <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Greenwich Plaza Greenwich, CT 06830	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILLIAMS, ROBIN M <input checked="" type="checkbox"/> Delete ONE GREENWICH PL GREENWICH, CT 06830		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Walker, Theodore W <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Greenwich Plaza Greenwich, CT 06830	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Thomas L Forsyth Thomas L Forsyth 4/24/08 203-485-8356 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Partner Reinsurance Company of the U.S.

#10 List of Officers and Directors

ATTACHMENT

40084744
#FO0000006702

VD

Dennis G. Giannos

One Greenwich Plaza

Greenwich, CT 06830

VD

Charles T. Goldie

One Greenwich Plaza

Greenwich, CT 06830

VD

Charlene A. Heffernan

One Greenwich Plaza

Greenwich, CT 06830

VD

Wayne Hommes

One Greenwich Plaza

Greenwich, CT 06830

VD

Carol Ann O'Dea

One Greenwich Plaza

Greenwich, CT 06830

VD

John S. Peppard

One Greenwich Plaza

Greenwich, CT 06830

VD

Richard N. Sanford

One Greenwich Plaza

Greenwich, CT 06830

VD

John B. Wong

One Greenwich Plaza

Greenwich, CT 06830

VT

Serge Rocourt

One Greenwich Plaza

Greenwich, CT 06830