
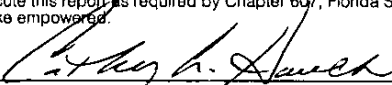


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90162 035 \*\*\*150.00

<b>DOCUMENT # P26889</b> 1. Entity Name <b>PARTNERRE INSURANCE COMPANY OF NEW YORK</b>					
Principal Place of Business <b>245 PARK AVENUE 24TH FLOOR - OFFICE #23 NEW YORK, NY 10167</b>			Mailing Address <b>ONE GREENWICH PLAZA GREENWICH, CT 06830</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04212006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>13-3531373</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD MOORE, SCOTT D ONE GREENWICH PLAZA GREENWICH, CT 06830</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PESTCOE, MARVIN ONE GREENWICH PLAZA GREENWICH, CT 06830</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD WILLIAMS, ROBIN M ONE GREENWICH PLAZA GREENWICH, CT 06830</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD THIELE, PATRICK A BLACKBURN PLACE, 112 HARBOUR RD. WARWICK, BERMUDA, PG01</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Wellesley House, 96 Pitts Bay Road Pembroke HM 08, Bermuda</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD ADIMARI, JOHN N ONE GREENWICH PLAZA GREENWICH, CT 06830</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSD HAUCK, CATHY A ONE GREENWICH PLAZA GREENWICH, CT 06830</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		 <b>Cathy A. Hauck</b>		Date <b>4/24/06</b>	Daytime Phone # <b>203-485-4200</b>

40065240



# ATTACHMENT

PartnerRe Insurance Company of New York

40065240

## #10 List of Officers and Directors

# P26889

<b>V</b> Maria V. Amelio	One Greenwich Plaza	Greenwich, CT 06830
<b>V</b> John A. Capizzi	One Greenwich Plaza	Greenwich, CT 06830
<b>D</b> John W. Davidson	One Greenwich Plaza	Greenwich, CT 06830
<b>VD</b> John B. DiBuduo	One Greenwich Plaza	Greenwich, CT 06830
<b>VD</b> Jeffrey A. Englander	One Greenwich Plaza	Greenwich, CT 06830
<b>VD</b> Vincent J. Forgione	One Greenwich Plaza	Greenwich, CT 06830
<b>VD</b> Dennis G. Giannos	One Greenwich Plaza	Greenwich, CT 06830
<b>VD</b> Charles T. Goldie	One Greenwich Plaza	Greenwich, CT 06830
<b>VD</b> Charlene A. Heffernan	One Greenwich Plaza	Greenwich, CT 06830
<b>VD</b> Wayne Hommes	One Greenwich Plaza	Greenwich, CT 06830
<b>VD</b> Carol Ann O'Dea	One Greenwich Plaza	Greenwich, CT 06830
<b>VD</b> John S. Peppard	One Greenwich Plaza	Greenwich, CT 06830
<b>VD</b> Richard N. Sanford	One Greenwich Plaza	Greenwich, CT 06830
<b>V</b> Joseph P. Saydlowski	One Greenwich Plaza	Greenwich, CT 06830
<b>VD</b> John B. Wong	One Greenwich Plaza	Greenwich, CT 06830
<b>VT</b> Serge Rocourt	One Greenwich Plaza	Greenwich, CT 06830

ATTACHMENT

PartnerRe US

VIA EXPRESS MAIL

April 25, 2006

40065240

# P26889

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: PartnerRe Insurance Company of New York ("PRNY")  
NAIC #10006**

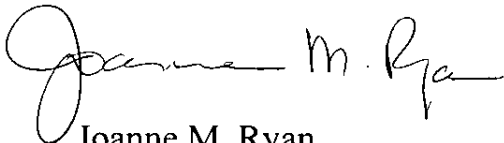
Dear Sir or Madam:

Please find enclosed the following documents due on or before May 1, 2006 on behalf of PRNY:

- *2006 Annual Report*
- *Check No. 1100781 for \$150*

Should you have any questions, please do not hesitate to call me at 203-485-4276.

Regards,



Joanne M. Ryan  
Assistant Secretary  
[Regulatory.compliance@partnerre.com](mailto:Regulatory.compliance@partnerre.com)  
/jmr

Encs.