

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841425

Entity Name: PARTNERRE AMERICA INSURANCE COMPANY**Current Principal Place of Business:**801 BRICKELL AVE, STE 850
MIAMI, FL 33131**Current Mailing Address:**801 BRICKELL AVE, STE 850
MIAMI, FL 33131**FEI Number:** 04-1590940**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	DIRECTOR
Name	DESMET, LAURIE
Address	801 BRICKELL AVENUE, SUIT39 RUE DU COLISEE
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	ADIMARI, JOHN
Address	801 BRICKELL AVENUE, SUITE 850
City-State-Zip:	MIAMI FL 33131

Title	CEO
Name	HEINZIG, DENNIS
Address	801 BRICKELL AVENUE, SUITE 850
City-State-Zip:	MIAMI FL 33131

Title	CFO
Name	JOHN, WONG
Address	801 BRICKELL AVENUE, SUITE 850
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	FORSYTH, THOMAS
Address	801 BRICKELL AVENUE, SUITE 850
City-State-Zip:	MIAMI FL 33131

Title	CHAIRMAN
Name	PESTCOE, MARVIN
Address	801 BRICKELL AVENUE 850
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	TURNBULL, ANDREW
Address	801 BRICKELL AVENUE 850
City-State-Zip:	MIAMI FL 33131

Title	ASSISTANT SECRETARY
Name	FIGUEROA, CHASTITY
Address	801 BRICKELL AVENUE 850
City-State-Zip:	MIAMI FL 33131

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: CHASTITY FIGUEROA**ASSISTANT SECRETARY** 02/24/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date