

2013 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:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
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	C
Name	DESMET, LAURIE
Address	801 BRICKELL AVENUE, SUIT39 RUE DU COLISEE
City-State-Zip:	MIAMI FL 33131

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

Title	AVP/TREASURER
Name	RAYMOND, SABATIER
Address	801 BRICKELL AVENUE, SUITE 850
City-State-Zip:	MIAMI FL 33131

Title	D
Name	TOBEY, DOM
Address	801 BRICKELL AVENUE, SUITE 850
City-State-Zip:	MIAMI FL 33131

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

Title	O
Name	CHAVANNES, SANDRO
Address	801 BRICKELL AVENUE, SUITE 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: RAYMOND SABATIER

AVP/TREASURER

01/22/2013

Electronic Signature of Signing Officer/Director Detail

Date