


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90081 013 ***150.00

DOCUMENT # 849227					
1. Entity Name PUTNAM REINSURANCE COMPANY					
Principal Place of Business 80 PINE ST. NEW YORK, NY 10005-1701		Mailing Address 80 PINE ST. NEW YORK, NY 10005-1701			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-3333610	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		Zip Code
			FL		
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, 2005 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	CD	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENBERG, M R		NAME	Thomas R. Tizzio	
STREET ADDRESS	80 PINE ST.		STREET ADDRESS	175 Water Street	
CITY-ST-ZIP	NEW YORK, NY 100051701		CITY-ST-ZIP	New York, NY 10038	
TITLE	VPGC	<input type="checkbox"/> Delete	TITLE	Senior VP/General Counsel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, GARY		NAME		
STREET ADDRESS	80 PINE ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 100051701		CITY-ST-ZIP		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLICH, ROBERT F.		NAME		
STREET ADDRESS	80 PINE ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 100051701		CITY-ST-ZIP		
TITLE	VCFO	<input type="checkbox"/> Delete	TITLE	Executive VP/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKALICKY, STEVEN		NAME		
STREET ADDRESS	80 PINE ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 100051701		CITY-ST-ZIP		
TITLE	EVP	<input checked="" type="checkbox"/> Delete	TITLE	Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUCCI, ROBERT		NAME	Ken Apfel	
STREET ADDRESS	80 PINE STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10005		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____				(212) 770-2050	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # _____	