


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90176 023 \*\*\*150.00

<b>DOCUMENT # 849227</b>							
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		04202006 Chg-P CR2E034 (11/05)			
Zip		Country		4. FEI Number 13-3333610			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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 _____							
<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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TIZZIO, THOMAS R.		NAME				
STREET ADDRESS	175 WATER STREET		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10038		CITY-ST-ZIP				
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	SVP/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	Exec.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	SVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	APFEL, KEN		NAME				
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 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: <i>Edward J. Kelley</i>		EDWARD J. KELLEY		4/24/06 212 770 1754			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

ATTACHMENT

40069554  
#849227



Transatlantic Reinsurance Company

80 Pine Street, New York, New York 10005 • Tel: 212-770-2000 • Fax 212-742-9457

April 24, 2006

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

**RE: TRANSATLANTIC REINSURANCE COMPANY – NAIC # 19453**  
**PUTNAM REINSURANCE COMPANY- NAIC # 35157**

Dear Sir or Madam:

Enclosed please find our **2005 For Profit Corporation Annual Reports** along with **check no. 36929** in the amount of **\$150.00** and **check no. 36927** in the amount of **\$150.00** for payment of the filing fee for the above captioned companies.

If you have any questions, please contact me directly at (212) 770-2050.

Very truly yours,

Gary Schwartz  
Senior Vice President

Encl.

fl corp annual rpt

A SUBSIDIARY OF  
**TRANSATLANTIC**  
HOLDINGS, INC.