

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849227

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: PUTNAM REINSURANCE COMPANY

**Current Principal Place of Business:**

80 PINE ST.  
NEW YORK, NY 100051701

**New Principal Place of Business:**

**Current Mailing Address:**

80 PINE ST.  
NEW YORK, NY 100051701

**New Mailing Address:**

FEI Number: 13-3333610      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TIZZIO, THOMAS R.  
Address: 175 WATER STREET  
City-St-Zip: NEW YORK, NY 10038

Title: SVPG ( ) Delete  
Name: SCHWARTZ, GARY  
Address: 80 PINE ST.  
City-St-Zip: NEW YORK, NY 100051701

Title: PCEO ( ) Delete  
Name: ORLICH, ROBERT F.  
Address: 80 PINE ST.  
City-St-Zip: NEW YORK, NY 100051701

Title: EVCF ( ) Delete  
Name: SKALICKY, STEVEN  
Address: 80 PINE ST.  
City-St-Zip: NEW YORK, NY 100051701

Title: SVP ( ) Delete  
Name: APFEL, KEN  
Address: 80 PINE STREET  
City-St-Zip: NEW YORK, NY 10005

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY SCHWARTZ

SVGC

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date