

FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **849227** (4)  
1. Corporation Name  
**PUTNAM REINSURANCE COMPANY**

Principal Place of Business Mailing Address  
**80 PINE ST.** **80 PINE ST.**  
**NEW YORK NY 10005-1701** **NEW YORK NY 10005-1702**



|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 3. Date Incorporated or Qualified<br><b>05/26/1981</b>   | 3a. Date of Last Report<br><b>07/16/1996</b> |
|   |  |  |  | 4. FEI Number<br><b>13-3333610</b>   | Applied For<br>Not Applicable                |
|   |  |  |  | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
|   |  |  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
|   |  |  |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |   |  |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent<br><b>INSURANCE COMMISSONER<br/>STATE OF FLORIDA CAPITOL BLDG<br/>TALLAHASSEE FL FL 32301</b> |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code |  |
|---|--|---|--|

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD<br/>GREENBERG, M R<br/>70 PINE STREET<br/>NEW YORK, NY 1</b> <input type="checkbox"/> DELETE              | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>EVPD<br/>BARNARD, ANDREW A<br/>80 PINE STREET<br/>NEW YORK NY</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <b>Senior Vice President<br/>Michael Morrill<br/>80 Pine Street New York NY 10005</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>SCHWARTZ, GARY<br/>80 PINE STREET<br/>NEW YORK NY</b> <input type="checkbox"/> DELETE                 | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PCEO<br/>ORLICH, ROBERT F.<br/>80 PINE STREET<br/>NEW YORK NY</b> <input type="checkbox"/> DELETE            | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SVPD<br/>SKALICKY, STEVEN<br/>80 PINE STREET<br/>NEW YORK NY</b> <input type="checkbox"/> DELETE             | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SVPD<br/>SMITH, DAVID W<br/>80 PINE STREET<br/>NEW YORK NY</b> <input type="checkbox"/> DELETE               | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **GARY SCHWARTZ** 4/28/97 (212) 770-2050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075081

CR2E037 (9/96)