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FILED
Jun 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name **849227**
PUTNAM REINSURANCE COMPANY

Principal Place of Business **80 Pine Street New York, NY 10005**
 Mailing Address **80 Pine Street New York, NY 10005**

3. Date Incorporated or Qualified **05/26/81**
 4. FEI Number **13-3333610** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
Insurance Commissioner
State of Florida Capitol Building
Tallahassee, FL 32301

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GREENBERG, M.R.	
STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	New York, NY	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	MORRILL, MICHAEL	
STREET ADDRESS	80 Pine Street	
CITY-ST-ZIP	New York, NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, GARY	
STREET ADDRESS	80 Pine Street	
CITY-ST-ZIP	New York, NY	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	ORLICH, ROBERT F.	
STREET ADDRESS	80 Pine Street	
CITY-ST-ZIP	New York, NY	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	SKALICKY, STEVEN	
STREET ADDRESS	80 Pine Street	
CITY-ST-ZIP	New York, NY	
TITLE	SVPD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DAVID	
STREET ADDRESS	80 Pine Street	
CITY-ST-ZIP	New York, NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. 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 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** **6/11/98** **(212) 770-2050**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)