

FILE NOW: FILING FEE IS \$61.25

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Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90109 030 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 849227

1. Corporation 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		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3333610	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, M R	1.2 NAME	
STREET ADDRESS	80 PINE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005-1701	1.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRILL, MICHAEL	2.2 NAME	
STREET ADDRESS	80 PINE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005-1701	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, GARY	3.2 NAME	
STREET ADDRESS	80 PINE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005-1701	3.4 CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLICH, ROBERT F.	4.2 NAME	
STREET ADDRESS	80 PINE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005-1701	4.4 CITY-ST-ZIP	
TITLE	SVPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKALICKY, STEVEN	5.2 NAME	
STREET ADDRESS	80 PINE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005-1701	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
4-8-99 (212) 770-2050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)