

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 850651 (1)

1. Corporation Name
SECURITY REINSURANCE COMPANY

Principal Place of Business: **9 FARM SPRINGS DR FARMINGTON CT 06032**
Mailing Address: **9 FARM SPRINGS DR FARMINGTON CT 06032**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/08/1981**
3a. Date of Last Report: **04/29/1994**

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

4. FBI Number: **06-1008792**
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**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL 32301**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DVC
NAME	BARRY, DANIEL L.
STREET ADDRESS	9 FARM SPRINGS DRIVE
CITY-ST-ZIP	FARMINGTON CT
TITLE	VSD
NAME	MALONEY, MICHAEL P.
STREET ADDRESS	30 ROCKEFELLER PLAZA
CITY-ST-ZIP	NEW YORK NY
TITLE	DC
NAME	GRUBER, ALAN R.
STREET ADDRESS	30 ROCKEFELLER PLAZA
CITY-ST-ZIP	NEW YORK NY
TITLE	DP
NAME	NOLEN, LAWRENCE D
STREET ADDRESS	9 FARM SPRINGS DRIVE
CITY-ST-ZIP	FARMINGTON CT
TITLE	VCA
NAME	MCGOVERN, WILLIAM G
STREET ADDRESS	9 FARM SPRINGS DR
CITY-ST-ZIP	FARMINGTON CT
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	DSVAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	600 Fifth Avenue
2.4 CITY-ST-ZIP	New York, NY 10020
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	600 Fifth Avenue
3.4 CITY-ST-ZIP	New York, NY 10020
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DVC
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 checked="" type="checkbox"/> Addition
6.2 NAME	VC
6.3 STREET ADDRESS	Larry D. Hollen
6.4 CITY-ST-ZIP	9 Farm Springs Drive Farmington, CT 06032

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stanley G. Fullwood 4.19.95
Signature and typed or printed name of signing officer or director

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SECURITY REINSURANCE COMPANY

DIRECTORS

DANIEL L. BARRY

9 Farm Springs Drive
Farmington, CT 06032

STANLEY G. FULLWOOD

9 Farm Springs Drive
Farmington, CT 06032

ALAN R. GRUBER

600 Fifth Avenue
New York, NY 10020

LARRY D. HOLLEN

9 Farm Springs Drive
Farmington, CT 06032

MICHAEL P. MALONEY

600 Fifth Avenue
New York, NY 10020

LAWRENCE D. NOLEN

9 Farm Springs Drive
Farmington, CT 06032

VINCENT T. PAPA

600 Fifth Avenue
New York, NY 10020

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SECURITY REINSURANCE COMPANY

OFFICERS

Alan R. Gruber
Chairman

600 Fifth Avenue
New York, NY 10020

Daniel L. Barry
Vice Chairman

9 Farm Springs Drive
Farmington, CT 06032

Larry D. Hollen
Vice Chairman

9 Farm Springs Drive
Farmington, CT 06032

Lawrence D. Nolen
President

9 Farm Springs Drive
Farmington, CT 06032

Michael P. Maloney
Sr. Vice President, Assistant Secretary

600 Fifth Avenue
New York, NY 10020

William G. McGovern
Sr. Vice President, Chief Actuary

9 Farm Springs Drive
Farmington, CT 06032

Vincent T. Papa
Sr. Vice President, Treasurer

600 Fifth Avenue
New York, NY 10020

Raymond J. Schuyler
Sr. Vice President - Investments

600 Fifth Avenue
New York, NY 10020

Stanley G. Fullwood
Vice President, General Counsel, Secretary

9 Farm Springs Drive
Farmington, CT 06032

Leland H. Beman
Vice President

9 Farm Springs Drive
Farmington, CT 06032

Craig A. Nyman
Vice President, Assistant Treasurer

9 Farm Springs Drive
Farmington, CT 06032

Kevin W. Sullivan
Vice President - Investments

600 Fifth Avenue
New York, NY 10020

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SECURITY REINSURANCE COMPANY

OFFICERS

-2-

Richard C. Tardif
Vice President

9 Farm Springs Drive
Farmington, CT 06032

Peter M. Vinci
Vice President

9 Farm Springs Drive
Farmington, CT 06032

James W. Webb
Vice President

9 Farm Springs Drive
Farmington, CT 06032

Mary K. Leavey
Assistant Vice President

9 Farm Springs Drive
Farmington, CT 06032

George R. Nebel
Assistant Vice President

Newport Financial Center
111 Pavonia Avenue
Jersey City, NJ 07310

Sylvia O'Connor
Assistant Vice President, Assistant Secretary

600 Fifth Avenue
New York, NY 10020

Roy B. Pomerantz
Assistant Vice President

Newport Financial Center
111 Pavonia Avenue
Jersey City, NJ 07310

Frederick F. Sullivan
Assistant Vice President, Controller

9 Farm Springs Drive
Farmington, CT 06032

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