

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **10/08/1981**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **06-1008792**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
9. Name and Address of Current Registered Agent (29-30)

INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DVC <input type="checkbox"/> DELETE
NAME	BARRY, DANIEL L.
STREET ADDRESS	9 FARM SPRINGS DRIVE
CITY-ST-ZIP	FARMINGTON CT
TITLE	DSVA <input checked="" type="checkbox"/> DELETE
NAME	S
STREET ADDRESS	600 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK NY
TITLE	DC <input type="checkbox"/> DELETE
NAME	GRUBER, ALAN R.
STREET ADDRESS	600 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK NY
TITLE	DVC <input type="checkbox"/> DELETE
NAME	NOLEN, LAWRENCE D
STREET ADDRESS	9 FARM SPRINGS DRIVE
CITY-ST-ZIP	FARMINGTON CT
TITLE	VCA <input type="checkbox"/> DELETE
NAME	MCGOVERN, WILLIAM G
STREET ADDRESS	9 FARM SPRINGS DR
CITY-ST-ZIP	FARMINGTON CT
TITLE	VC <input type="checkbox"/> DELETE
NAME	HOLLEN, LARRY D.
STREET ADDRESS	9 FARM SPRINGS DRIVE
CITY-ST-ZIP	FARMINGTON CT

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	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James W. Webb
2.3 STREET ADDRESS	9 Farm Springs Drive
2.4 CITY-ST-ZIP	Farmington, CT 06032
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	

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 119.07(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: *James W. Webb* (860) 674-6600
DATE: 4/15/90
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: James W. Webb
Daytime Phone #

CFR2E034 (12/95)