

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Apr 30 1997 8:00am  
Secretary of State

DOCUMENT # 850651

(1)

1. Corporation Name

SECURITY REINSURANCE COMPANY

Principal Place of Business

Mailing Address

9 FARM SPRINGS DR  
FARMINGTON CT 060329 FARM SPRINGS DR  
FARMINGTON CT 06032-2569

3. Date Incorporated or Qualified

10/08/1981

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

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

Signatures of principal officer or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVC ☐ DELETE

NAME BARRY, DANIEL L.

STREET ADDRESS 9 FARM SPRINGS DRIVE

CITY - ST - ZIP FARMINGTON CT

TITLE VP ☐ DELETE

NAME WEBB, JAMES W.

STREET ADDRESS 9 FARM SPRINGS DRIVE

CITY - ST - ZIP FARMINGTON CT

TITLE DC ☐ DELETE

NAME GRUBER, ALAN R.

STREET ADDRESS 600 FIFTH AVENUE

CITY - ST - ZIP NEW YORK NY

TITLE DVC ☐ DELETE

NAME NOLEN, LAWRENCE D

STREET ADDRESS 9 FARM SPRINGS DRIVE

CITY - ST - ZIP FARMINGTON CT

TITLE VCA ☐ DELETE

NAME MCGOVERN, WILLIAM G

STREET ADDRESS 9 FARM SPRINGS DR

CITY - ST - ZIP FARMINGTON CT

TITLE VC ☒ DELETE

NAME HOLLEN, LARRY D.

STREET ADDRESS 9 FARM SPRINGS DRIVE

CITY - ST - ZIP FARMINGTON CT

1.1 TITLE D, VC, CFO ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE D, P ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE D, SVP, CLO, AS ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Michael P. Maloney  
600 Fifth Avenue  
New York, NY 10020

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Webb

4/21/97

Date

(860) 674-2512

Daytime Phone #

CR2E034 (9/96)