

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/08/1981

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

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 STATE OF FLORIDA
 CAPITAL BLDG
 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 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) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVCC	1.1 TITLE	Chairman/CEO/P
NAME	BARRY, DANIEL L.	1.2 NAME	W. Marston Becker
STREET ADDRESS	9 FARM SPRINGS DRIVE	1.3 STREET ADDRESS	9 Farm Springs Road
CITY-ST-ZIP	FARMINGTON CT	1.4 CITY-ST-ZIP	Farmington, CT 06032
TITLE	VP	2.1 TITLE	
NAME	WEBB, JAMES W.	2.2 NAME	
STREET ADDRESS	9 FARM SPRINGS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Sr. V.P./CIO
NAME	GRUBER, ALAN R.	3.2 NAME	Raymond J. Schuyler
STREET ADDRESS	600 FIFTH AVENUE	3.3 STREET ADDRESS	600 Fifth Avenue
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	New York, NY 10020
TITLE	DP	4.1 TITLE	V.P./Treasurer
NAME	NOLEN, LAWRENCE D	4.2 NAME	Craig A. Nyman
STREET ADDRESS	9 FARM SPRINGS DRIVE	4.3 STREET ADDRESS	9 Farm Springs Road
CITY-ST-ZIP	FARMINGTON CT	4.4 CITY-ST-ZIP	Farmington, CT 06032
TITLE	VCA	5.1 TITLE	
NAME	MCGOVERN, WILLIAM G	5.2 NAME	
STREET ADDRESS	9 FARM SPRINGS DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT	5.4 CITY-ST-ZIP	
TITLE	DSVP	6.1 TITLE	
NAME	MALONEY, MICHAEL P	6.2 NAME	
STREET ADDRESS	600 FIFTH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEY YORK NY	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 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* James W. Webb, Vice President *14 April 98* (860) 674-6600

CR2E034 (10/97)