

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90013 010 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 850651

1. Corporation Name
SECURITY REINSURANCE COMPANY



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/08/1981

2. Principal Place of Business	2a. Mailing Address
21 9 Farm Springs Road Suite, Apt. #, etc.	26 9 Farm Springs Road Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number	Applied For
06-1008792	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER, W M	1.2 NAME	
STREET ADDRESS	9 FARM SPRINGS DRIVE	1.3 STREET ADDRESS	9 Farm Springs Road
CITY-ST-ZIP	FARMINGTON CT 06032	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBB, JAMES W.	2.2 NAME	
STREET ADDRESS	9 FARM SPRINGS DRIVE	2.3 STREET ADDRESS	9 Farm Springs Road
CITY-ST-ZIP	FARMINGTON CT	2.4 CITY-ST-ZIP	
TITLE	SRVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUYLER, RAYMOND J	3.2 NAME	D/EVP/AS
STREET ADDRESS	600 FIFTH AVENUE	3.3 STREET ADDRESS	John J. McCann
CITY-ST-ZIP	NEW YORK NY 10020	3.4 CITY-ST-ZIP	9 Farm Springs Road
TITLE	VPT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYMAN, CRAIG A	4.2 NAME	
STREET ADDRESS	9 FARM SPRINGS DRIVE	4.3 STREET ADDRESS	9 Farm Springs Road
CITY-ST-ZIP	FARMINGTON CT 06032	4.4 CITY-ST-ZIP	
TITLE	VCA <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGOVERN, WILLIAM G	5.2 NAME	
STREET ADDRESS	9 FARM SPRINGS DR	5.3 STREET ADDRESS	9 Farm Springs Road
CITY-ST-ZIP	FARMINGTON CT	5.4 CITY-ST-ZIP	
TITLE	DSVP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALONEY, MICHAEL P	6.2 NAME	D/SVP/CFO
STREET ADDRESS	600 FIFTH AVE	6.3 STREET ADDRESS	Michael L. Pautler
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	9 Farm Springs Road
			Farmington, CT 06032

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, with all other like empowered.

SIGNATURE: James W. Webb **REQUIRED** James W. Webb 27 April 99 (860) 674-2512
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)