

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **849227** (4)
1. Corporation Name
PUTNAM REINSURANCE COMPANY

Principal Place of Business 80 PINE ST. NEW YORK NY 10005-1701	Mailing Address 80 PINE ST. NEW YORK NY 10005-1702
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/26/1981	3a. Date of Last Report 07/16/1996
4. FEI Number 13-3333610		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			

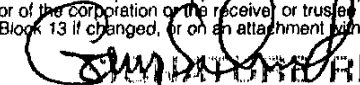
9. Name and Address of Current Registered Agent INSURANCE COMMISSONER STATE OF FLORIDA CAPITOL BLDG TALLAHASSEE FL FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	CD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GREENBERG, M R	1.2 NAME	
STREET ADDRESS	70 PINE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 1	1.4 CITY-ST-ZIP	
TITLE	EVPD ☒ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BARNARD, ANDREW A	2.2 NAME	Senior Vice President
STREET ADDRESS	80 PINE STREET	2.3 STREET ADDRESS	Michael Morrill
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	80 Pine Street New York NY 10005
TITLE	VP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, GARY	3.2 NAME	
STREET ADDRESS	80 PINE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	PCEO ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ORLICH, ROBERT F.	4.2 NAME	
STREET ADDRESS	80 PINE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	SVPD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SKALICKY, STEVEN	5.2 NAME	
STREET ADDRESS	80 PINE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	SVPD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, DAVID W	6.2 NAME	
STREET ADDRESS	80 PINE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

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

SIGNATURE:  **GARY SCHWARTZ** 4/28/97 (212) 770-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075081

CR2E037 (9/96)