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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

DOCUMENT # **849227** **(4)**

1. Corporation Name

PUTNAM REINSURANCE COMPANY

Principal Place of Business	Mailing Address
80 PINE ST. NEW YORK NY 10005-1701	80 PINE ST. NEW YORK NY 10005-1702

3. Date Incorporated or Qualified: **05/26/1981**
3a. Date of Last Report: **07/16/1996**

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

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

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 _____ 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	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 Michael Morrill
STREET ADDRESS	80 PINE STREET		2.3 STREET ADDRESS	80 Pine Street New York NY 10005
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	
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	

CR2E037 (9/96)

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: SIGNATURE REQUIRED Gary Schwartz 4/28/97 (212)770-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0075081