FILE NOW: FILING FEE IS $61.25

FILED
Jun 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 849227

1. Corporation Name
PUTNAM REINSURANCE COMPANY

Principal Place of Business	Mailing Address
80 Pine Street **New York, NY 10005**	**80 Pine Street** **New York, NY 10005**

3. Date Incorporated or Qualified: **05/26/81**

4. FEI Number: **13-3333610** ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

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	10. Name and Address of New Registered Agent
Insurance Commissioner **State of Florida Captiol Building** **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 617.0501 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 _____ (Signature, typed or printed name of 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	**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**		1.4 CITY-ST-ZIP	
TITLE	**SVP**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**MORRILL, MICHAEL**		2.2 NAME	
STREET ADDRESS	**80 Pine Street**		2.3 STREET ADDRESS	
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**		6.2 NAME	000002570230
STREET ADDRESS	**80 Pine Street**		6.3 STREET ADDRESS	-06/23/98--01107--015
CITY-ST-ZIP	**New York, NY**		6.4 CITY-ST-ZIP	***61.25

6.23 JR

CR2E037 (10/97)

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 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** **6/11/98** **(212) 770-2050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #