

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849227

1. Entity Name

PUTNAM REINSURANCE COMPANY

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90092 004 ****61.25

Principal Place of Business

Mailing Address

80 PINE ST.
NEW YORK NY 10005-1701

80 PINE ST.
NEW YORK NY 10005-1702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3333610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSONER
STATE OF FLORIDA CAPITOL BLDG
TALLAHASSEE FL FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	☐ Delete
NAME	GREENBERG, M R	
STREET ADDRESS	80 PINE ST.	
CITY-ST-ZIP	NEW YORK NY 10005-1701	
TITLE	SVP	☐ Delete
NAME	MORRILL, MICHAEL	
STREET ADDRESS	80 PINE ST.	
CITY-ST-ZIP	NEW YORK NY 10005-1701	
TITLE	VP	☐ Delete
NAME	SCHWARTZ, GARY	
STREET ADDRESS	80 PINE ST.	
CITY-ST-ZIP	NEW YORK NY 10005-1701	
TITLE	PCEO	☐ Delete
NAME	ORLICH, ROBERT F.	
STREET ADDRESS	80 PINE ST.	
CITY-ST-ZIP	NEW YORK NY 10005-1701	
TITLE	SVPD	☐ Delete
NAME	SKALICKY, STEVEN	
STREET ADDRESS	80 PINE ST.	
CITY-ST-ZIP	NEW YORK NY 10005-1701	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

(212) 770-2050

Date

Daytime Phone #

CP2E037 (9/99)