2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2005 8:00 am Secretary of State **DOCUMENT #849227** 04-15-2005 90081 013 ***150.00 PUTNAM REINSURANCE COMPANY Principal Place of Business Mailing Address 80 PINE ST. 80 PINE ST. NEW YORK, NY 10005-1701 NEW YORK, NY 10005-1701 2. Principal Place of Susiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01102005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 13-3333610 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CD Change **K** Delete Director GREENBERG, M.R. NAME NAME Thomas R. Tizzio 80 PINE ST. STREET ADDRESS 175 Water Street STREET ADDRESS NEW YORK, NY 100051701 New York, NY 10038 CITY-ST-7IP CITY-ST-ZIP **VPGC** Senior VP/General Counsel X Change ☐ Addition ☐ Delete TITLE TITLE SCHWARTZ, GARY NAME 80 PINE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 100051701 CITY-ST-ZIP PCEO ☐ Change ☐ Addition □ Delete ORLICH, ROBERT F. NAME NAME STREET ADDRESS 80 PINE ST. STREET ADDRESS CITY-ST-7IP CITY-ST-7IP NEW YORK, NY 100051701 Executive VP/CFO **VCFO** Delete TITLE TITLE NAME SKALICKY, STEVEN NAME 80 PINE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 100051701 CITY-ST-ZIP Sénior Vice President K Addition ☐ Change TITLE **FVP** ■ Defete TITLE MUCCI, ROBERT NAME NAME Ken Apfel STREET ADDRESS **80 PINE STREET** STREET ADDRESS NEW YORK, NY 10005 CITY+ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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 eath; that I am an officer or director of the corporation or the receiver or trostee empowered to execute this report as required by Chapter 607, 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MAME OF SIGNING OFFICER OR DIRECTOR

(212) 770-2050

Davizne Phone #

FILED