


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90176 023 ***150.00

DOCUMENT # 849227 1. Entity Name PUTNAM REINSURANCE COMPANY					
Principal Place of Business 80 PINE ST. NEW YORK, NY 10005-1701			Mailing Address 80 PINE ST. NEW YORK, NY 10005-1701		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04202006 Chg-P CR2E034 (11/05)	
4. FEI Number 13-3333610				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIZZIO, THOMAS R. 175 WATER STREET NEW YORK, NY 10038 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SCHWARTZ, GARY 80 PINE ST. NEW YORK, NY 100051701 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/General Counsel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ORLICH, ROBERT F. 80 PINE ST. NEW YORK, NY 100051701 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SKALICKY, STEVEN 80 PINE ST. NEW YORK, NY 100051701 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec.VP/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP APFEL, KEN 80 PINE STREET NEW YORK, NY 10005 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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.					
SIGNATURE: <i>Edward J. Kelley</i> EDWARD J. KELLEY 4/24/06 212 770 1754 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

40069554
#849227



Transatlantic Reinsurance Company

80 Pine Street, New York, New York 10005 • Tel: 212-770-2000 • Fax 212-742-9457

April 24, 2006

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: TRANSATLANTIC REINSURANCE COMPANY – NAIC # 19453
PUTNAM REINSURANCE COMPANY- NAIC # 35157

Dear Sir or Madam:

Enclosed please find our **2005 For Profit Corporation Annual Reports** along with **check no. 36929** in the amount of **\$150.00** and **check no. 36927** in the amount of **\$150.00** for payment of the filing fee for the above captioned companies.

If you have any questions, please contact me directly at (212) 770-2050.

Very truly yours,

Gary Schwartz
Senior Vice President

Encl.

fl corp annual rpt

A SUBSIDIARY OF
TRANSATLANTIC
HOLDINGS, INC.