

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90034 050 ***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**

DO NOT WRITE IN THIS SPACE



05022008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3333610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TIZZIO, THOMAS R.
STREET ADDRESS	175 WATER STREET
CITY-ST-ZIP	NEW YORK, NY 10038
TITLE	SVP
NAME	SCHWARTZ, GARY
STREET ADDRESS	80 PINE ST.
CITY-ST-ZIP	NEW YORK, NY 100051701
TITLE	PCEO
NAME	ORLICH, ROBERT F.
STREET ADDRESS	80 PINE ST.
CITY-ST-ZIP	NEW YORK, NY 100051701
TITLE	EVP
NAME	SKALICKY, STEVEN
STREET ADDRESS	80 PINE ST.
CITY-ST-ZIP	NEW YORK, NY 100051701
TITLE	SVP
NAME	APFEL, KEN
STREET ADDRESS	80 PINE STREET
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/08

Date

(212) 770-2050

Daytime Phone #