

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849227

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** PUTNAM REINSURANCE COMPANY

**Current Principal Place of Business:**

80 PINE ST.  
NEW YORK, NY 10005

**New Principal Place of Business:**

**Current Mailing Address:**

80 PINE ST.  
NEW YORK, NY 10005

**New Mailing Address:**

**FEI Number:** 13-3333610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: ORLICH, ROBERT F  
Address: 80 PINE STREET  
City-St-Zip: NEW YORK, NY 10005

Title: D  
Name: TIZZIO, THOMAS R  
Address: 80 PINE ST.  
City-St-Zip: NEW YORK, NY 10005

Title: EVCF  
Name: SKALICKY, STEVEN S  
Address: 80 PINE ST.  
City-St-Zip: NEW YORK, NY 10005

Title: SVP  
Name: APPEL, KEN  
Address: 80 PINE ST.  
City-St-Zip: NEW YORK, NY 10005

Title: SVGC  
Name: SCHWARTZ, GARY  
Address: 80 PINE STREET  
City-St-Zip: NEW YORK, NY 10005

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY SCHWARTZ

SVP

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date