

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 850651 (1)

1. Corporation Name

SECURITY REINSURANCE COMPANY



Principal Place of Business

9 FARM SPRINGS DR  
FARMINGTON CT 06032

Mailing Address

9 FARM SPRINGS DR  
FARMINGTON CT 06032

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
STATE OF FLORIDA  
CAPITAL BLDG  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

10/08/1981

3a. Date of Last Report

05/01/1995

4. FEI Number

06-1008792

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVC ☐ DELETE

NAME BARRY, DANIEL L.  
STREET ADDRESS 9 FARM SPRINGS DRIVE  
CITY- ST- ZIP FARMINGTON CT

TITLE DSV ☒ DELETE

NAME S  
STREET ADDRESS 600 FIFTH AVENUE  
CITY- ST- ZIP NEW YORK NY

TITLE DC ☐ DELETE

NAME GRUBER, ALAN R.  
STREET ADDRESS 600 FIFTH AVENUE  
CITY- ST- ZIP NEW YORK NY

TITLE DVC ☐ DELETE

NAME NOLEN, LAWRENCE D  
STREET ADDRESS 9 FARM SPRINGS DRIVE  
CITY- ST- ZIP FARMINGTON CT

TITLE VCA ☐ DELETE

NAME MCGOVERN, WILLIAM G  
STREET ADDRESS 9 FARM SPRINGS DR  
CITY- ST- ZIP FARMINGTON CT

TITLE VC ☐ DELETE

NAME HOLLEN, LARRY D.  
STREET ADDRESS 9 FARM SPRINGS DRIVE  
CITY- ST- ZIP FARMINGTON CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE Vice President ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

James W. Webb  
9 Farm Springs Drive  
Farmington, CT 06032

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*James W. Webb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96  
Date

(860) 674-6600  
Daytime Phone #

CF2E034 (12/95)