

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1981	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 06-1008792	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Chairman/CEO/P
NAME	BARRY, DANIEL L.	1.2 NAME	W. Marston Becker
STREET ADDRESS	9 FARM SPRINGS DRIVE	1.3 STREET ADDRESS	9 Farm Springs Road
CITY - ST - ZIP	FARMINGTON CT	1.4 CITY - ST - ZIP	Farmington, CT 06032
TITLE	NAME	2.1 TITLE	
NAME	VP	2.2 NAME	
STREET ADDRESS	WEBB, JAMES W.	2.3 STREET ADDRESS	
CITY - ST - ZIP	9 FARM SPRINGS DRIVE	2.4 CITY - ST - ZIP	
FARMINGTON CT			
TITLE	NAME	3.1 TITLE	Sr. V.P./CIO
NAME	D	3.2 NAME	Raymond J. Schuyler
STREET ADDRESS	GRUBER, ALAN R.	3.3 STREET ADDRESS	600 Fifth Avenue
CITY - ST - ZIP	600 FIFTH AVENUE	3.4 CITY - ST - ZIP	New York, NY 10020
NEW YORK NY			
TITLE	NAME	4.1 TITLE	V.P./Treasurer
NAME	DP	4.2 NAME	Craig A. Nyman
STREET ADDRESS	NOLEN, LAWRENCE D	4.3 STREET ADDRESS	9 Farm Springs Road
CITY - ST - ZIP	9 FARM SPRINGS DRIVE	4.4 CITY - ST - ZIP	Farmington, CT 06032
FARMINGTON CT			
TITLE	NAME	5.1 TITLE	
NAME	VCA	5.2 NAME	
STREET ADDRESS	MCGOVERN, WILLIAM G	5.3 STREET ADDRESS	
CITY - ST - ZIP	9 FARM SPRINGS DR	5.4 CITY - ST - ZIP	
FARMINGTON CT			
TITLE	NAME	6.1 TITLE	
NAME	DSVP	6.2 NAME	
STREET ADDRESS	MALONEY, MICHAEL P	6.3 STREET ADDRESS	
CITY - ST - ZIP	600 FIFTH AVE	6.4 CITY - ST - ZIP	
NEW YORK NY			

14. 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 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. James W. Webb, Vice President 14 April '98 (860) 674-6600

CR2E034 (10/97)