

1.) CORPORATION NAME:

PUTNAM REINSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CORPORATION SERVICE COMPANY BANK OF AMERICA CTR 16TH FLR 1111 E MAIN ST**

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:
NY

DUE DATE: **2/20/2012**

SCC ID NO: **F1884636**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 80 PINE STREET

CITY/ST/ZIP: NEW YORK, NY 10005-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT FRANCIS ORLICH	
TITLE:	PRESIDENT/CEO	
ADDRESS:	80 PINE ST	
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GARY ALLEN SCHWARTZ	
TITLE:	EX VP	
ADDRESS:	80 PINE ST	
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVEN SALVATORE SKALICKY	
TITLE:	EX VP/CFO	
ADDRESS:	80 PINE ST	
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KENNETH APFEL	
TITLE:	EX VP	
ADDRESS:	70 PINE ST	
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAVIER EDMUNDO VIJIL	
TITLE:	EX VP	
ADDRESS:	701 NW 62ND STREET SUITE 790	
CITY/ST/ZIP/CO:	MIAMI, FL 33150-	

NAME:	RICHARD STERN PRESS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 BOGLE STREET		
CITY/ST/ZIP/CO:	WESTON, MA 02493-		
NAME:	IAN HUGH CHIPPENDALE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12 THE BALK		
CITY/ST/ZIP/CO:	WAKEFIELD, GB WF2 6JU-, UNITED KINGDOM (GREAT BRITAIN)		
NAME:	JOHN LEO MCCARTHY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 MAIN STREET, 13TH FLOOR		
CITY/ST/ZIP/CO:	CAMBRIDGE, VA -		
NAME:	PAUL ANDRE BONNY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CORN EXCHANGE, 55 MARK LANE		
CITY/ST/ZIP/CO:	LONDON, GB EC3R 7NE-, UNITED KINGDOM (GREAT BRITAIN)		
NAME:	WILLIAM JOHN POUTSIAKA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	80 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, VA -		
NAME:	JOHN GEORGE FOOS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1181 GUSSIE'S KNOLL		
CITY/ST/ZIP/CO:	GREENSBORO, VA -		
NAME:	THOMAS RALPH TIZZIO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	NEW YORK, VA -		
NAME:	MICHAEL CHARLES SAPNAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	80 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, VA -		
NAME:	JANET CHAKWIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	80 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, VA -		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JANET CHAKWIN	JANET CHAKWIN, SECRETARY	2/20/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.