

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **854165** (8)
1. Corporation Name
CHARTWELL REINSURANCE COMPANY

Principal Place of Business Mailing Address
300 ATLANTIC STREET SUITE 400 STAMFORD CT 06901

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/27/1982	05/01/1994
22		27		4. FEI Number	Applied For
23		28		41-1353943	Not Applicable
24		25		5. Certificate of Status Desired	\$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		29		B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORIDA COMMISSIONER OF INSURANCE PLAZA LEVEL II, THE CAPITOL TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNEAU, JACQUES O.	1.2 NAME	
STREET ADDRESS	9 ROUND HILL ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SHELTON CT	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIORDANO, JAMES A.	2.2 NAME	
STREET ADDRESS	8 OAK LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WESTON CT	2.4 CITY - ST - ZIP	
TITLE	CD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, RICHARD E.	3.2 NAME	
STREET ADDRESS	5 PHEASANT RUN	3.3 STREET ADDRESS	15 Bailiwick Woods Circle
CITY - ST - ZIP	GREENWICH CT	3.4 CITY - ST - ZIP	
TITLE	VT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, CHARLES E.	4.2 NAME	
STREET ADDRESS	947 CHURCH HILL ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	FAIRFIELD CT	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYES, MICHAEL H.	5.2 NAME	V,S Kathleen M. Carroll
STREET ADDRESS	4 WAKE ROBIN ROAD	5.3 STREET ADDRESS	19 Paddock Road
CITY - ST - ZIP	WESTPORT CT	5.4 CITY - ST - ZIP	Ryebrook, NY
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RADACH, FLOYD R.	6.2 NAME	V,T Richard A. Lawrence
STREET ADDRESS	2041 BURROUGHS ROAD	6.3 STREET ADDRESS	199 E. Oxl Drive
CITY - ST - ZIP	FAIRFIELD CT	6.4 CITY - ST - ZIP	Glastonbury, CT

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: *Kathleen M. Carroll* Date: 3/13/95 (203) 961-7370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR