

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **854165 (8)**

1. Corporation Name
CHARTWELL REINSURANCE COMPANY



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

3. Date Incorporated or Qualified **09/27/1982** 3a. Date of Last Report **03/23/1995**
4. FEI Number **41-1353943** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 25 Country 29 Country 30

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 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of person or persons in the position of the registered agent

Signature of Registered Agent if a natural person or a corporation

DATE

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BONNEAU, JACQUES O.	
STREET ADDRESS	9 ROUND HILL ROAD	
CITY-STATE-ZIP	SHELTON CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GIORDANO, JAMES A.	
STREET ADDRESS	8 OAK LANE	
CITY-STATE-ZIP	WESTON CT	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	COLE, RICHARD E.	
STREET ADDRESS	15 BAILWICK WOODS CIRCLE	
CITY-STATE-ZIP	GREENWICH CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MEYERS, CHARLES E.	
STREET ADDRESS	947 CHURCH HILL ROAD	
CITY-STATE-ZIP	FAIRFIELD CT	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CARROLL, KATHLEEN M	
STREET ADDRESS	19 PADDOCK ROAD	
CITY-STATE-ZIP	RYEBROOK NY	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LAWRENCE, RICHARD A	
STREET ADDRESS	199 E. OPAL DRIVE	
CITY-STATE-ZIP	GLASTONBURY CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-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: *Kathleen Carroll* 2/5/96 203-961-7302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)