

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

**FILED**

**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 854165 (8)**

1. Corporation Name  
**CHARTWELL REINSURANCE COMPANY**



Principal Place of Business <b>300 ATLANTIC STREET SUITE 400 STAMFORD CT 06901</b>	Mailing Address <b>300 ATLANTIC STREET SUITE 400 STAMFORD CT 06901-3522</b>
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2. Principal Place of Business 21 <b>107 ELM STREET</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>107 ELM STREET</b> Suite, Apt. #, etc.
22 <b>STAMFORD, CT</b> City & State	27 <b>STAMFORD, CT</b> City & State
23 <b>06902 USA</b> Zip Country	28 <b>06902 USA</b> Zip Country

3. Date Incorporated or Qualified <b>09/27/1982</b>	3a. Date of Last Report <b>02/13/1996</b>
4. FEI Number <b>41-1353943</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. 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

**FLORIDA COMMISSIONER OF INSURANCE  
PLAZA LEVEL II, THE CAPITOL  
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)	<b>FL</b>
83	
84 City	

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BONNEAU, JACQUES O.</b>	1.2 NAME	
STREET ADDRESS	<b>8 ROUND HILL ROAD</b>	1.3 STREET ADDRESS	<b>107 ELM STREET</b>
CITY-ST-ZIP	<b>SHELTON CT</b>	1.4 CITY-ST-ZIP	<b>STAMFORD, CT 06902</b>
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIORDANO, JAMES A.</b>	2.2 NAME	
STREET ADDRESS	<b>8 OAK LANE</b>	2.3 STREET ADDRESS	<b>107 ELM STREET</b>
CITY-ST-ZIP	<b>WESTON CT</b>	2.4 CITY-ST-ZIP	<b>STAMFORD, CT 06902</b>
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLE, RICHARD E.</b>	3.2 NAME	
STREET ADDRESS	<b>15 BAILWICK WOODS CIRCLE</b>	3.3 STREET ADDRESS	<b>107 ELM STREET</b>
CITY-ST-ZIP	<b>GREENWICH CT</b>	3.4 CITY-ST-ZIP	<b>STAMFORD, CT 06902</b>
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYERS, CHARLES E.</b>	4.2 NAME	
STREET ADDRESS	<b>947 CHURCH HILL ROAD</b>	4.3 STREET ADDRESS	<b>107 ELM STREET</b>
CITY-ST-ZIP	<b>FAIRFIELD CT</b>	4.4 CITY-ST-ZIP	<b>STAMFORD, CT 06902</b>
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARROLL, KATHLEEN M</b>	5.2 NAME	
STREET ADDRESS	<b>19 PADDOCK ROAD</b>	5.3 STREET ADDRESS	<b>107 ELM STREET</b>
CITY-ST-ZIP	<b>RYEBROOK NY</b>	5.4 CITY-ST-ZIP	<b>STAMFORD, CT 06902</b>
TITLE	VT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAWRENCE, RICHARD A</b>	6.2 NAME	<b>VT</b>
STREET ADDRESS	<b>199 E. OPAL DRIVE</b>	6.3 STREET ADDRESS	<b>CAROLE ANCE-KIRK</b>
CITY-ST-ZIP	<b>GLASTONBURY CT</b>	6.4 CITY-ST-ZIP	<b>107 ELM STREET STAMFORD, CT 06902</b>

14. I do 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: Kathleen M. Carroll **KATHLEEN M. CARROLL** 4-28-97 203-705-2530  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)