

***2001 UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90033 013 ***550.00

0131708 AT

DOCUMENT # 854165

1. Entity Name
CHARTWELL INSURANCE COMPANY

Principal Place of Business
**1 CANTERBURY GREEN
 STAMFORD CT 06901
 US**

Mailing Address
**1 CANTERBURY GREEN
 STAMFORD CT 06901
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **41-1353943**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

*MC
4-11-00
MS*



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**FLORIDA COMMISSIONER OF INSURANCE
 PLAZA LEVEL II, THE CAPITOL
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD BILLET, JAMES F JR 1 CANTERBURY GREEN STAMFORD CT 06901 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCD ROBERTS, JAMES E 1 CANTERBURY GREEN STAMFORD CT 06901 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Chairman & Chief Exec. Off. and Director |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD BINET, STEPHEN H 1 CANTERBURY GREEN STAMFORD CT 06901 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President and Director Peter R. Ziesing One Canterbury Green Stamford, CT 06901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVCD HUNTE, ALAN L 1 CANTERBURY GREEN STAMFORD CT 06901 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVS JOHN V DEL COL 107 ELM ST STAMFORD CT 06902 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | One Canterbury Green Stamford, CT 06901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT KIRK-ANCE, CAROLE 107 ELM ST STAMFORD CT 06902 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sr. VP and Controller Yvonne M. Poster One Canterbury Green Stamford, CT 06901 |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **John V. Del Col** **August 2, 2001** **(203) 602-3074**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (5/01)