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PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F95000002405 (7)**

1. Corporation Name
CHUBB INDEMNITY INSURANCE COMPANY

Principal Place of Business
15 MOUNTAIN VIEW ROAD
WARREN NJ 07059

Mailing Address
15 MOUNTAIN VIEW ROAD
WARREN NJ 07059-6711

3. Date Incorporated or Qualified: **05/17/1995**

3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: **22-3291862** ☐ 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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

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 607.1508, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	**CD** **O'HARE, DEAN R** **15 MOUNTAIN VIEW ROAD** **WARREN NJ** ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**VAD** **HARTMAN, DAVID G** **15 MOUNTAIN VIEW ROAD** **WARREN NJ** ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**VSD** **GULICK, HENRY G** **15 MOUNTAIN VIEW ROAD** **WARREN NJ** ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**VTD** **SEMPIER, PHILIP J** **15 MOUNTAIN VIEW ROAD** **WARREN NJ** ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**VD** **CRAWFORD JR, ROBERT P** **15 MOUNTAIN VIEW ROAD** **WARREN NJ** ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**VD** **HYER JR, FREDERICK L** **15 MOUNTAIN VIEW ROAD** **WARREN NJ** ☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: [illegible] Henry G. Gulick 4/24/97 (908)903-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STATE OF FLORIDA
DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT - 1997

CHUBB INDEMNITY INSURANCE COMPANY

Question 12. (cont'd)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE 7. D Devlin, Gail E. 15 Mountain View Road Warren, NJ 07059	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ CHANGE ☐ ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE 8. D Duffy, David L. 15 Mountain View Road Warren, NJ 07059	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ CHANGE ☐ ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE 9. D. Fay, George R. 15 Mountain View Road Warren, NJ 07059	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ CHANGE ☐ ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE 10. D Fowler, David S. 15 Mountain View Road Warren, NJ 07059	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ CHANGE ☐ ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ DELETE 11. D Guzzo, Walter P. 333 Earl Ovington Blvd. Uniondale, NY 11553-3644	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ CHANGE ☐ ADDITION

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CORPORATION ANNUAL REPORT - 1997

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Question 12. (cont'd)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE 12. D Heard, Gary L. 15 Mountain View Road Warren, NJ 07059	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ CHANGE ☐ ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE 13. VD Luchs, Charles M. 15 Mountain View Road Warren, NJ 07059	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ CHANGE ☒ ADDITION D Marts, George F. 333 Earl Ovington Blvd. Uniondale, NY 11553-3644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE 14. V Burton, Malcolm B. 15 Mountain View Road Warren, NJ 07059	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ CHANGE ☐ ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE 15. V Lynch, Amelia C. 15 Mountain View Road Warren, NJ 07059	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ CHANGE ☐ ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE 16. V Marzocchi, Robert A. 15 Mountain View Road Warren, NJ 07059	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ CHANGE ☒ ADDITION V O'Reilly, Michael 15 Mountain View Road Warren, NJ 07059