FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 20, 1999 8:00 am
Secretary of State
02-20-1999 90010 001 ***150.00

DOCUMENT # F95000002405

1. Corporation Name
CHUBB INDEMNITY INSURANCE COMPANY

Principal Place of Business	Mailing Address
15 MOUNTAIN VIEW ROAD WARREN NJ 07059	15 MOUNTAIN VIEW ROAD WARREN NJ 07059

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/17/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 22-3291862 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	O'HARE, DEAN R		1.2 NAME		
STREET ADDRESS	15 MOUNTAIN VIEW ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WARREN NJ		1.4 CITY-ST-ZIP		
TITLE	VAD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARTMAN, DAVID G		2.2 NAME		
STREET ADDRESS	15 MOUNTAIN VIEW ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WARREN NJ		2. 4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GULICK, HENRY G		3.2 NAME		
STREET ADDRESS	15 MOUNTAIN VIEW ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WARREN NJ		3.4. CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SEMPIER, PHILIP J		4. 2 NAME		
STREET ADDRESS	15 MOUNTAIN VIEW ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WARREN NJ		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MOTAMED, THOMAS F		5.2 NAME		
STREET ADDRESS	15 MOUNTAIN VIEW ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	WARREN NJ		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-29-99 (908) 903-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILED
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Secretary of State
02-20-1999 90010 001 ***150.00

Chubb Indemnity Insurance

Directors

DIRECTORS

Jon C. Bidwell

Gail E. Devlin

George R. Fay

David S. Fowler

Henry G. Gulick

David G. Hartman

Gary L. Heard

Charles M. Luchs

George F. Marts

Thomas F. Motamed

Dean R. O'Hare

Michael O'Reilly

Philip J. Sempier

Chubb Indemnity Insurance

Elected Officers

CHAIRMAN & PRESIDENT

Dean R. O'Hare

VICE PRESIDENTS

Malcolm B. Burton

Charles M. Luchs

Amelia C. Lynch

Robert A. Marzocchi

Michael O'Reilly

VICE PRESIDENT & ACTUARY

David G. Hartman

VICE PRESIDENT & SECRETARY

Henry G. Gulick

VICE PRESIDENT & TREASURER

Philip J. Sempier