

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002405

FILED
Jan 12, 2007
Secretary of State

Entity Name: CHUBB INDEMNITY INSURANCE COMPANY

Current Principal Place of Business:

15 MOUNTAIN VIEW ROAD
WARREN, NJ 07059

New Principal Place of Business:

Current Mailing Address:

15 MOUNTAIN VIEW ROAD
WARREN, NJ 07059

New Mailing Address:

FEI Number: 22-3291862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: ARONCHICK, JOEL J
Address: 15 MOUNTAIN VIEW ROAD
City-St-Zip: WARREN, NJ 07059

Title: VPD () Delete
Name: BARNES, BRIAN W
Address: 15 MOUNTAIN VIEW ROAD
City-St-Zip: WARREN, NJ 07059

Title: VPSD () Delete
Name: MACON, ANDREW W
Address: 15 MOUNTAIN VIEW ROAD
City-St-Zip: WARREN, NJ 07059

Title: VTD () Delete
Name: NORDSTROM, DOUGLAS A
Address: 15 MOUNTAIN VIEW RD.
City-St-Zip: WARREN, NJ 07059

Title: CPD () Delete
Name: MOTAMED, THOMAS F
Address: 15 MOUNTAIN VIEW ROAD
City-St-Zip: WARREN, NJ 07059

Title: VD () Delete
Name: O'REILLY, MICHAEL
Address: 15 MOUNTAIN VIEW RD
City-St-Zip: WARREN, NJ 07059

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. ANDREW MACAN

VSD

01/12/2007

Electronic Signature of Signing Officer or Director

Date