

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002405

Entity Name: CHUBB INDEMNITY INSURANCE COMPANY**Current Principal Place of Business:**1133 AVENUE OF AMERICAS
NEW YORK, NY 10036**Current Mailing Address:**C/O MADELYN BALLESTEROS
202A HALLS MILL ROAD
WHITEHOUSE STATION, NJ 08889 US**FEI Number:** 22-3291862**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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**Officer/Director Detail :**

Title	VP
Name	BARNES, BRIAN W
Address	202B HALLS MILL ROAD
City-State-Zip:	WHITEHOUSE STATION NJ 08889

Title	DIRECTOR, CHAIRMAN, PRESIDENT
Name	KRUMP, PAUL JOSEPH
Address	202B HALLS MILL ROAD
City-State-Zip:	WHITEHOUSE STATION NJ 08889

Title	DIRECTOR
Name	LUPICA, JOHN J
Address	202B HALLS MILL ROAD
City-State-Zip:	WHITEHOUSE STATION NJ 08889

Title	DIRECTOR
Name	RAMPE, KEVIN M
Address	202B HALLS MILL ROAD
City-State-Zip:	WHITEHOUSE STATION NJ 08889

Title	ASSISTANT SECRETARY
Name	BALLESTEROS, MADELYN
Address	202A HALLS MILL ROAD
City-State-Zip:	WHITEHOUSE STATION NJ 08889

Title	DIRECTOR
Name	KEARNS, CHRISTOPHER J
Address	1133 AVENUE OF AMERICAS
City-State-Zip:	NEW YORK NY 10036

Title	CHIEF ACTUARY, SVP
Name	O'CONNELL, PAUL G
Address	202B HALLS MILL ROAD
City-State-Zip:	WHITEHOUSE STATION NJ 08889

Title	DIRECTOR, CFO, EVP, TREASURER
Name	SPITZER, DREW K
Address	202B HALLS MILL ROAD
City-State-Zip:	WHITEHOUSE STATION NJ 08889

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I hereby 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 all other like empowered.

SIGNATURE: MADELYN BALLESTEROS**ASST. SECRETARY****01/19/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title SECRETARY
Name PEENE, BRANDON M
Address 1133 AVENUE OF AMERICAS
City-State-Zip: NEW YORK NY 10036

Title VP, ASST. SECRETARY
Name CASTANO, KATHLEEN
Address 202A HALLS MILL ROAD
City-State-Zip: WHITEHOUSE STATION NJ 08889

Title DIRECTOR
Name O'BRIEN, FRANCES D
Address 202A HALLS MILL ROAD
City-State-Zip: WHITEHOUSE STATION NJ 08889

Title VP, ASST. SECRETARY
Name HESSING, ILANA
Address 202A HALLS MILL ROAD
City-State-Zip: WHITEHOUSE STATION NJ 08889

Title DIRECTOR
Name ZACCARIA, EDWARD DOMINIC
Address 436 WALNUT STREET
City-State-Zip: PHILADELPHIA PA 19106