

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90347 044 ***150.00

0571771 AT

DOCUMENT # 807425
 1. Entity Name
CGU INSURANCE COMPANY OF NEW JERSEY

Principal Place of Business Mailing Address
400 FELLOWSHIP ROAD **ONE BEACON STREET**
MT. LAUREL NJ 08054 **BOSTON MA 20108**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
21-0418860 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
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

TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, DENNIS R	
STREET ADDRESS	ONE BEACON STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	GOWDY, ROBERT C	
STREET ADDRESS	ONE BEACON STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEBER, JOHN A	
STREET ADDRESS	ONE BEACON STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	AT	<input type="checkbox"/> Delete
NAME	PERLMAN, ROBERT S	
STREET ADDRESS	ONE BEACON STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BANAS, RICHARD S	
STREET ADDRESS	ONE BEACON STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRAZAUSKAS, VINCENT A	
STREET ADDRESS	ONE BEACON STREET	
CITY-ST-ZIP	BOSTON MA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P, D, COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cavooras, John P	
STREET ADDRESS	One Beacon Street	
CITY-ST-ZIP	Boston, MA 02108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V, D Larry A. Hoefner	
STREET ADDRESS	One Beacon St.	
CITY-ST-ZIP	Boston, MA 02108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **S. DENNIS R. SMITH** *Dennis R. Smith* 1-16-02 617-795-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)