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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 854165

1. Corporation Name

CHARTW	ELL REINSURANCE COMP	ANY						
Principal Place	of Rusiness	Mailing Address	-			-} I IBBIBI IBIBI BIIII BIBBI IIDIB BIIOLBIII BIIII	HAU PIEM BIBILÎN	ATT ÜNEN INN
'		107 ELM ST						
107 ELM STREET 107 ELM ST STAMFORD CT 06902 STAMFORD CT 06902 .						·		
US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		ĺ
			•			09/27/1982		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		olied For
21		26				41-1353943		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 A	
22 27						, , , , , , , , , , , , , , , , , , , ,		
City & State City & State			•			6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	rees
Zip	Country	Zip		untry		8. This corporation owes the current year Int		□No
24	25	29	30	· ·		Personal Property Tax. 10. Name and Address of New Registered		
<u></u>	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
ו בו חו	RIDA COMMISSIONER OF INSU	RANCE		"	Name			
				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
PLAZA LEVEL II, THE CAPITOL TALLAHASSEE FL 32301								10 g m
IALL	AHASSEE PL 32301			83	,			
}				84	City		85 Zip C	ode
				1	•	<u> </u>	•	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida St	atutes, the a	above	-named corporation	oration submits this statement for the purpose of	changing its i ntment as rec	registered aistered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Sta	tutes.	ile corporation	oration submits this statement for the purpose of in's board of directors. I hereby accept the appoi		,
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (N	OTE: Registere	d Agent	signature required	d when reinstating) DATE		
12.	OFFICERS AI	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	V	☐ DELETE	1.11	TITLE	ŀ	La Contract	☐ Change	Addition
NAME	BONNEAU, JACQUES Q.		1.2 1	VAME	1			
STREET ADDRESS	107 ELM ST		1.3 5	STREET	ADDRESS			••
CITY-ST-ZIP	STAMFORD CT 06902		1.40	CITY-ST	-ZIP			==
TITLÉ .	V	☐ DELETE	2.11	TITLE			Change	Addition 1
NAME	GIORDANO, JAMES A.		221	NAME				
STREET ADDRESS	107 ELM ST	•	2.3 \$	STREET	ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06902		2.4	CITY-S	T-ZIP	•		
TITLE	CD	DELETE	3.17	TITLE			Change	Addition
NAME	COLE, RICHARD E.		3.21	NAME		·		
STREET ADDRESS	107 ELM ST		3.3 9	STREET	ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06902		3.4.	CITY-S	T-ZIP			. '
TITLE	V	☐ DELETE		TITLE		87	Change	Addition
NAME	MEYERS, CHARLES E.		4. 2	NAME				
STREET ADDRESS	10- FILL OF				ADDRESS			
	STAMFORD CT 06902			CITY-ST				
CITY-ST-ZIP	VS VS	☐ DELETE		TITLE			Change	Addition
	JOHN V DEL COL	_		NAME				
NAME	107 ELM ST	,			ADDRESS	· ·		
STREET ADDRESS	STAMFORD CT 06902			CITY-ST			•	
CITY-ST-ZIP		DELETI		TITLE			Change	[] Addition
TITLE	VT CAROLE	ال معدد ال	· [NAME	ŀ	•		
NAME	KIRK-ANCE, CAROLE 107 ELM ST	•			ADODESC	•	. •	
	1 9217 LIBERT		■ 6.3	SIKEEL	ADDRESS			

14. 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STAMFORD CT 06902

(EQUITOM [V. Del Col

1/11/99

(203) 705-2601