# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 07, 2007**
**Secretary of State**

DOCUMENT# F93000002511

**Entity Name:** CHUBB INSURANCE SOLUTIONS AGENCY, INC.

**Current Principal Place of Business:**

202 HALLS MILL ROAD
PO BOX 1625
WHITEHOUSE STATION, NJ 088891625

**New Principal Place of Business:**

202 HALLS MILL ROAD
WHITEHOUSE STATION, NJ 088891625

**Current Mailing Address:**

202 HALLS MILL ROAD
PO BOX 1625
WHITEHOUSE STATION, NJ 088891625

**New Mailing Address:**

202 HALLS MILL ROAD
WHITEHOUSE STATION, NJ 088891625

**FEI Number: 22-3197410** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: | V | ( ) Delete |
| Name: | BIRKENSTOCK, NANCY | |
| Address: | 202 HALLS MILL ROAD | |
| City-St-Zip: | WHITEHOUSE STATION, NJ 08889 | |
| Title: | P | ( ) Delete |
| Name: | VELLA, SUSAN | |
| Address: | 202 HALLS MILL RD. | |
| City-St-Zip: | WHITEHOUSE STATION, NJ 08889 | |
| Title: | VS | ( ) Delete |
| Name: | MACAN, W. ANDREW | |
| Address: | 15 MOUNTAIN VIEW ROAD | |
| City-St-Zip: | WARREN, NJ 07059 | |
| Title: | AS | ( ) Delete |
| Name: | OEHRLE, JUDITH M | |
| Address: | 202 HALLS MILL ROAD | |
| City-St-Zip: | WHITEHOUSE STATION, NJ 08889 | |
| Title: | T | ( ) Delete |
| Name: | NORDSTROM, DOUGLAS | |
| Address: | 15 MOUNTAIN VIEW RD. | |
| City-St-Zip: | WARREN, NJ 07059 | |
| Title: | D | (X) Delete |
| Name: | FERNANDEZ, EDWARD | |
| Address: | 202 HALLS MILL ROAD | |
| City-St-Zip: | WHITEHOUSE STATION, NJ 08889 | |

**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 |
| Name: | |
| 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 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: NANCY BIRKENSTOCK V 05/07/2007

Electronic Signature of Signing Officer or Director — Date