2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002511

Entity Name: CHUBB INSURANCE SOLUTIONS AGENCY, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
	MILL ROAD USE STATION	I, NJ 088891625			
Current Mailing Address:			New Mailir	New Mailing Address:	
	MILL ROAD USE STATION	I, NJ 088891625			
FEI Number:	22-3197410	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3230				
	named entity s of Florida.	submits this statement for the pu	rpose of changing it	s registered office or registered agent, or both,	
SIGNATUF		· 0:			
Election Can		ic Signature of Registered Agen	Ĭ	Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BIRKENSTOCK 202 HALLS MIL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VELLA, SUSAN 202 HALLS MIL	Delete L ROAD STATION, NJ 08889	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () MACAN, W AND 15 MOUNTAIN V WARREN, NJ (/IEW ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	OEHRLE, JUDI 202 HALLS MIL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () NORDSTROM, 15 MOUNTAIN N WARREN, NJ (/IEW ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TRUST, GARY 202 HALLS MIL	Delete L ROAD STATION, NJ 08889	Title: Name: Address: City-St-Zip:	D (X) Change () Addition KEITH, SPALDING 202 HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889	

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 04/27/2009