


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90021 035 \*\*\*150.00

<b>DOCUMENT # F95000002297</b>					
<b>1. Entity Name</b> CHUBB NATIONAL INSURANCE COMPANY					
<b>Principal Place of Business</b> 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059			<b>Mailing Address</b> 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 22-3253301	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PCD MOTAMED, THOMAS F 15 MOUNTAIN VIEW RD WARREN, NJ 07059	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VSD GULICK, HENRY G 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VTD NORDSTROM, DOUGLAS A 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VAD HARTMAN, DAVID G 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VPD ARONCHICK, JOEL D 15 MOUNTAIN VIEW RD WARREN, NJ 07059	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD META, ALLISON W 251 NO. ILLINOIS, STE. 1100 INDIANAPOLIS, IN 46244	<input type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP & Sec/Director W. Andrew Macan 15 Mountain View Rd. Warren, NJ 07059				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP & Actuary/Director W. Brian Barnes 15 Mountain View Rd. Warren, NJ 07059				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>W. Andrew Macan</u> <span style="float: right;">W. Andrew Macan 1-3106 (908) 903-5847</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

40009840

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# Chubb National Insurance Company

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## *Directors*

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### DIRECTORS

Joel D. Aronchick

W. Brian Barnes

W. Andrew Macan

Allison W. Meta

Thomas F. Motamed

Douglas A. Nordstrom

April A. Sterling

Timothy J. Szerlong

ATTACHMENT

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# Chubb National Insurance Company

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## *Elected Officers*

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### **CHAIRMAN & PRESIDENT**

Thomas F. Motamed

### **VICE PRESIDENTS**

Joel D. Aronchick

Arthur J. Beaver

Amelia C. Lynch

Robert A. Marzocchi

Allison W. Meta

April A. Sterling

### **VICE PRESIDENT & ACTUARY**

W. Brian Barnes

### **VICE PRESIDENT & SECRETARY**

W. Andrew Macan

### **VICE PRESIDENT & TREASURER**

Douglas A. Nordstrom