

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002297

FILED
Jan 23, 2009
Secretary of State

Entity Name: CHUBB NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

ONE INDIANA SQUARE, SUITE 1350
211 NORTH PENNSYLVANIA ST.
INDIANAPOLIS, IN 46204

New Principal Place of Business:

Current Mailing Address:

C/O PATRICIA TOMCZYK
15 MOUNTAIN VIEW ROAD
WARREN, NJ 07059

New Mailing Address:

FEI Number: 22-3253301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: PCD () Delete
Name: DEGNAN, JOHN J
Address: 15 MOUNTIAN VIEW RD
City-St-Zip: WARREN, NJ 07059

Title: VPSD () Delete
Name: MACAN, WILLIAM A
Address: 15 MOUNTAIN VIEW ROAD
City-St-Zip: WARREN, NJ 07059

Title: VTD () Delete
Name: NORDSTROM, DOUGLAS A
Address: 15 MOUNTAIN VIEW ROAD
City-St-Zip: WARREN, NJ 07059

Title: VPAD () Delete
Name: BARNES, W. BRIAN
Address: 15 MOUNTAIN VIEW ROAD
City-St-Zip: WARREN, NJ 07059

Title: VPD () Delete
Name: ARONCHICK, JOEL D
Address: 15 MOUNTIAN VIEW RD
City-St-Zip: WARREN, NJ 07059

Title: VD () Delete
Name: META, ALLISON W
Address: 211 NORTH PENNSYLVANIA ST., SUITE 1350
City-St-Zip: INDIANAPOLIS, IN 46244

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
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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: PATRICIA TOMCZYK

AS

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date