


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-07-2006 90021 032 ***150.00

DOCUMENT # F95000002405 1. Entity Name CHUBB INDEMNITY INSURANCE COMPANY					
Principal Place of Business 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059			Mailing Address 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 22-3291862	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARONCHICK, JOEL J 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAD HARTMAN, DAVID G 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059	<input checked="" type="checkbox"/> Delete		TITLE 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GULICK, HENRY G 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059	<input checked="" type="checkbox"/> Delete		TITLE 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD NORDSTROM, DOUGLAS A 15 MOUNTAIN VIEW RD. WARREN, NJ 07059	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD MOTAMED, THOMAS F 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'REILLY, MICHAEL 15 MOUNTAIN VIEW RD WARREN, NJ 07059	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <u>W. Andrew Macan</u> 1-31-06 (908) 903-8847					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

40009843

#79500002405

Chubb Indemnity Insurance Company

Directors

DIRECTORS

Joel D. Aronchick

W. Brian Barnes

Jon C. Bidwell

Gary L. Heard

Mark S. James

W. Andrew Macan

George F. Marts

Harold L. Morrison, Jr.

Thomas F. Motamed

Douglas A. Nordstrom

Michael O'Reilly

Paul T. Pruett

Henry B. Schram

ATTACHMENT 40009843

#795800002405

Chubb Indemnity Insurance Company

Elected Officers

CHAIRMAN & PRESIDENT

Thomas F. Motamed

VICE PRESIDENTS

Joel D. Aronchick

Arthur J. Beaver

Amelia C. Lynch

Robert A. Marzocchi

Michael O'Reilly

VICE PRESIDENT & ACTUARY

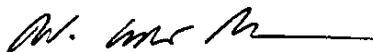
W. Brian Barnes

VICE PRESIDENT & SECRETARY

W. Andrew Macan

VICE PRESIDENT & TREASURER

Douglas A. Nordstrom



Wednesday, January 11, 2006

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