

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003746

FILED
Apr 29, 2005
Secretary of State

Entity Name: CHICKERING CLAIMS ADMINISTRATORS, INC.

Current Principal Place of Business:

1010 COMMONWEALTH AVENUE
BOSTON, MA 022151201

New Principal Place of Business:

1 CHARLES PARK
CAMBRIDGE, MA 02142

Current Mailing Address:

1010 COMMONWEALTH AVENUE
BOSTON, MA 022151201

New Mailing Address:

1 CHARLES PARK
CAMBRIDGE, MA 02142

FEI Number: 04-3134551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 333240000 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: PD () Delete
Name: FISHBEIN, DANIEL R MD
Address: ONE MONUMENT SQUARE 4TH FLOOR
City-St-Zip: PORTLAND, ME 04101

Title: T () Delete
Name: SMITH, RUSSELL P
Address: 151 FARMINGTON AVE
City-St-Zip: HARTFORD, CT 06157

Title: S () Delete
Name: BASKIN, WILLIAM C III
Address: 151 FARMINGTON AVE
City-St-Zip: HARTFORD, CT 06157

Title: D () Delete
Name: BONNER, MARY C
Address: 99 PARK AVE
City-St-Zip: NEW YORK, NY 100161601

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARLOTTE PEASE

PL

04/29/2005

Electronic Signature of Signing Officer or Director

Date