## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000003746

Address:

City-St-Zip:

99 PARK AVE

NEW YORK, NY 100161601

Entity Name: CHICKERING CLAIMS ADMINISTRATORS, INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1 CHARLE CAMBRID	ES PARK IGE, MA 0214	2				
Current Mailing Address:			New Maili	New Mailing Address:		
1 CHARLES PARK CAMBRIDGE, MA 02142			151 FARMINGTON AVE W101 HARTFORD, CT 06156			
FEI Number	: 04-3134551	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1200 S PIN PLANTAT The above	PORATION SY NE ISLAND R FION, FL 3332 In amed entity In amed entity In a signification of the	D 40000 US	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUI		nic Signature of Registered Ag	ent		 Date	
Election Car	mpaign Financiı	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	FISHBEIN, DA	ENT SQUARE 4TH FLOOR	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( SMITH, RUSS 151 FARMING HARTFORD, (	STON AVE	Title: Name: Address: City-St-Zip:	T (X QUIRK, ALFR 151 FARMING HARTFORD, C	STON AVE	
Title: Name: Address: City-St-Zip:	S ( BASKIN, WILL 151 FARMING HARTFORD, G	STON AVE	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name:	D ( BONNER, MA	) Delete RY C	Title: Name:	D (X BONNER, MA	X) Change()Addition RY C	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

151 FARMINGTON AVE

HARTFORD, CT 06156

SIGNATURE: WILLIAM C BASKIN III SECY 04/28/2006