2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# F95000003746

Entity Name: CHICKERING CLAIMS ADMINISTRATORS, INC.

Current Principal Place of Business:

1 CHARLES PARK
CAMBRIDGE, MA 02142

New Principal Place of Business:

Current Mailing Address:

151 FARMINGTON AVE
W101
HARTFORD, CT 06156

New Mailing Address:

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:	QUIRK, ALFRED P JR	
Address:	151 FARMINGTON AVE	
City-St-Zip:	HARTFORD, CT 06156	
Title:	S	( ) Delete
Name:	LEE, EDWARD C	
Address:	151 FARMINGTON AVE	
City-St-Zip:	HARTFORD, CT 06156	
Title:	D	( ) Delete
Name:	WEBB, JOHN J	
Address:	11675 GREAT OAKS WAY	
City-St-Zip:	ALPHARETTA, GA 30022	
Title:	D	( ) Delete
Name:	SILVA, PAUL V	
Address:	ONE MONUMENT SQUARE 4TH FLOOR	
City-St-Zip:	PORTLAND, MA 04101	

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:	
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: EDWARD C. LEE S 04/11/2008

Electronic Signature of Signing Officer or Director — Date