

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000000175

1. Corporation Name

CHARTER HOUSE UNDERWRITERS, INC.

Principal Place of Business

6225 SMITH AVE
6225 CENTENNIAL WAY
BALTIMORE MD 21209-3653
US

Mailing Address

6225 CENTENNIAL WAY
LA0302
BALTIMORE MD 21209-3653
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1997

4. FEI Number

52-2001500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 385 WASHINGTON ST

22 Suite, Apt. #, etc.

23 City & State
ST PAUL, MN

24 Zip Country
55102-1396 25 US

2a. Mailing Address

26 385 WASHINGTON ST-514A

27 Suite, Apt. #, etc.

28 City & State
ST PAUL, MN

29 Zip Country
55102-1396 30 US

9. Name and Address of Current Registered Agent

HQ CORPORATE SERVICES, INC.
526 E PARK AVE #200
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME DEVAN, ANITA
STREET ADDRESS 6225 CENTENNIAL WAY
CITY-ST-ZIP BALTIMORE MD 21209

TITLE D ☒ DELETE
NAME ZURAITIS, MARITA
STREET ADDRESS 6225 CENTENNIAL WAY
CITY-ST-ZIP BALTIMORE MD 21209

TITLE DP ☒ DELETE
NAME RAMSBACHER, THOMAS
STREET ADDRESS 6225 CENTENNIAL WAY
CITY-ST-ZIP BALTIMORE MD 21209

TITLE VP ☒ DELETE
NAME HALE, DAN L
STREET ADDRESS 6225 CENTENNIAL WAY
CITY-ST-ZIP BALTIMORE MD 21209

TITLE VPT ☒ DELETE
NAME MISHLER, RONALD C
STREET ADDRESS 6225 CENTENNIAL WAY
CITY-ST-ZIP BALTIMORE MD 21209

TITLE V ☒ DELETE
NAME DUGGINS, THOMAS
STREET ADDRESS 6225 CENTENNIAL WAY
CITY-ST-ZIP BALTIMORE MD 21209

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME DENNIS A CROSBY, JR.
1.3 STREET ADDRESS 385 WASHINGTON ST
1.4 CITY-ST-ZIP ST. PAUL, MN 55102-1396

2.1 TITLE C/D ☐ Change ☒ Addition
2.2 NAME T. MICHAEL MILLER
2.3 STREET ADDRESS 385 WASHINGTON ST
2.4 CITY-ST-ZIP ST. PAUL, MN 55102-1396

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME THOMAS ANDREW BRADLEY
3.3 STREET ADDRESS 385 WASHINGTON ST
3.4 CITY-ST-ZIP ST. PAUL, MN 55102-1396

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME SANDRA ULSAKER WIESE
4.3 STREET ADDRESS 385 WASHINGTON ST
4.4 CITY-ST-ZIP ST. PAUL, MN 55102-1396

5.1 TITLE ASSISTANT SECRETARY ☐ Change ☒ Addition
5.2 NAME WARD C. SCHENDEL
5.3 STREET ADDRESS 385 WASHINGTON ST
5.4 CITY-ST-ZIP ST. PAUL, MN 55102-1396

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WARD C. SCHENDEL, Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 651-310-7781

Date

Daytime Phone #

CR2E034 (1/98)