FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:57

DOCUMENT # **P26819** **(3)**

1. Corporation Name
CHATHAM REINSURANCE CORPORATION

Principal Place of Business	Mailing Address
26 MAIN STREET CHATHAM NJ 07928 US	26 MAIN STREET CHATHAM NJ 07928 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/03/1989
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 36-3347420 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WALLIS, JEREMY R.	1.2 NAME	
STREET ADDRESS	5 RUNYON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BASKING RIDGE, NJ.	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	GALVIN, DENNIS M.	2.2 NAME	
STREET ADDRESS	12 CARTERET TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	BASKING RIDGE NJ	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GALVIN, DENNIS M.	3.2 NAME	
STREET ADDRESS	12 CARTERET TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	BASKING RIDGE NJ	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	SUAREZ, CHRISTOPHER THOMAS	4.2 NAME	
STREET ADDRESS	449 DOREMUS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ROCK NJ 07452	4.4 CITY-ST-ZIP	
TITLE	~~V~~ RESIGNED Jan 4/1994	5.1 TITLE	☐ Change ☐ Addition
NAME	~~KING, ROBERT R.~~ DPG	5.2 NAME	
STREET ADDRESS	~~2623 AUDUBON AVENUE~~	5.3 STREET ADDRESS	
CITY-ST-ZIP	~~SOUTH PLAINFIELD NJ~~	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	V ☐ Change ☒ Addition
NAME		6.2 NAME	KARLIS, GEORGE A.
STREET ADDRESS		6.3 STREET ADDRESS	16 HERMANNE DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FLANDERS, NJ 07836

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Dennis M. Galvin — Dennis M. Galvin — April 25, 1995 — 201-635-4000
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0366357 FP