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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996	DIVISION OF C	CORPORATIONS		
OCUMENT # P268	19 (3)			
CHATHAM REINSURANCE COR	IPORATION			
incipal Place of Business	Mailing Address			<u>oia 16:1 etait aidit atait eiait atait atait atait teat</u>
26 MAIN STREET	26 MAIN STREET			
CHATHAM NJ 07928 US	CHATHAM NJ 07928 US			. Ta bi dia Bard
03	00		 Date Incorporated or Qualified 11/03/1989 	3a. Date of Last Report 05/01/1995
Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
100 Campus Drive	26 100 Campus D	rive	36-3347420	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Florham Park, NJ	28 Florham Park	, NJ	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability to Florida Statutes	or intangible tax under s 199.032, es 🛣 No
07932-1006 25 USA	29 079832-1006_	30 USA	10. Name and Address of New	
g. Italie and Address of Odi	telle (logistolos / geni	81 Name		
THE INSURANCE COMMISSIONER		82 Street Ad	dress (P.O. Box Number is Not Accept	able)
THE CAPITOL		83		
TALLAHASSEE FL 32399-0300		03		
		84 City		FL 85 Zip Code
SNATURE	•			
Signature, typed or printed name of registered a OFFICERS	agent and title if applicable (NOT AND DIRECTORS	H: Registered Agent signature requ	uired when reinstating)	DATE FFICERS AND DIRECTORS IN 12 Change
Signature, typed or printed name of registered a OFFICERS IF PD	agent and title if applicable (NOT	H: Registered Agent signature requ	uired when reinstating)	DATE FFICERS AND DIRECTORS IN 12
SINATURE Signature, typed or printed name of registered in OFFICERS PD WALLS, JEREMY R.	agent and title if applicable (NOT AND DIRECTORS	H: Registered Agent signature requirements	uired when reinstating)	DATE FFICERS AND DIRECTORS IN 12
SNATURE Signature, typed or printed name of registered in OFFICERS F	egent and title Tapplicable (NOT- AND DIRECTORS	IE: Registered Agent signature required. 13. 1.1 Title 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTORS IN 12 Change Addition
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John J. Lynch, Treasurer

INTED NAME OF BIGNING OFFICER OR DIRECTOR

4/23/96 Date

201-443-0443

Daytime Phone #

CHATHAM REINSURANCE CORPORATION DIRECTORS

William T. Breckles 58 Eaton Avenue Toronto, Ontario M4P 1E4 Canada

Robert L. Jenkins 327 East 34th Street New York, NY 10016

Kenneth D. Merin 5 Riggs Court Basking Ridge, NJ 07920

Edward D. Pardoe, III 234 E. 49th Street New York, NY 10017

Christopher T. Suarez 449 Doremus Avenue Glen Rock, NJ 07452

Marc M. Tract 59 Ridge Drive East Roslyn, NY 11576

Jeremy R. Wallis 5 Runyon Drive Basking Ridge, NJ 07920