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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P26819 (3)

1. Corporation Name
CHATHAM REINSURANCE CORPORATION

Principal Place of Business
100 CAMPUS DRIVE
FLORHAM PARK NJ 07932-1006
US

Mailing Address
100 CAMPUS DRIVE
FLORHAM PARK NJ 07932-1006
US

3. Date Incorporated or Qualified 11/03/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 36-3347420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 100 Campus Drive Suite, Apt. #, etc. 22 City & State 23 Florham Park, NJ Zip 24 07932-1006 Country 25 USA	2a. Mailing Address 26 100 Campus Drive Suite, Apt. #, etc. 27 City & State 28 Florham Park, NJ Zip 29 07932-1006 Country 30 USA
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, JOHN JOSEPH	2.2 NAME	
STREET ADDRESS	212 E. 88TH STREET, APT. 5A	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARDINIA, ALEXANDER MICH	3.2 NAME	
STREET ADDRESS	3727 ROYCE COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	SOMMERVILLE NJ	3.4 CITY - ST - ZIP	
TITLE	VSD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, CHRISTOPHER THOMAS	4.2 NAME	
STREET ADDRESS	449 DOREMUS AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	GLEN ROCK NJ	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARLIS, GEORGE A	5.2 NAME	
STREET ADDRESS	16 HERMANNE DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	FLNDERS NJ	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *John Joseph Lynch* John J. Lynch, Treasurer 04/21/97 201-443-0443

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0003242

CR2E034 (9/96)

CHATHAM REINSURANCE CORPORATION
DIRECTORS

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

Bernard Victor Day
Croft Orchard
Painswick, Gloucester GL6 6QN
England

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