

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/03/1989	
				4. FEI Number 36-3347420 Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

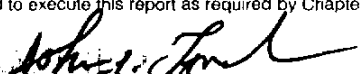
9. Name and Address of Current Registered Agent THE INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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11. 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	07920
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, JOHN JOSEPH	2.2 NAME	403 Green Mountain Rd.
STREET ADDRESS	212 E. 88TH STREET, APT. 5A	2.3 STREET ADDRESS	Mahwah, NJ
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	07430
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARDINIA, ALEXANDER MICH	3.2 NAME	Sardinia, Alex Michael
STREET ADDRESS	3727 ROYCE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOMMERVILLE NJ	3.4 CITY-ST-ZIP	08876
TITLE	VSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	07452
TITLE	-V- <input checked="" type="checkbox"/> DELETE	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	-FLANDERS NJ-	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 J. LYNCH, TREASURER**  5/1/98 973-443-0443

CR2E034 (10/97)