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Apr 21 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 # P27370 (6)

1. Corporation Name
CRUM & FORSTER INDEMNITY COMPANY



Principal Place of Business

110 WILLIAM ST.
NEW YORK NY 10038

Mailing Address

Crum & Forster Insurance
Tax Department, PO Box 1943
305 Madison Avenue
Morristown, NJ 07960

3. Date Incorporated or Qualified
12/19/1989

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 07960-1973 30 US

4. FEI Number
22-2868548

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

INSURANCE COMMISSIONER
THE CAPITOL BLDG
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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO
NAME STARK, JAMES A.
STREET ADDRESS 119 DYCKMAN PLACE
CITY- ST- ZIP BASKING RIDGE NJ 07920

TITLE VPT
NAME LUTENSKI, RICHARD P.
STREET ADDRESS 2 COLBY FARMS RD
CITY- ST- ZIP CHESTER NJ 07930

TITLE VPCD
NAME HAMMER, DENNIS J.
STREET ADDRESS 48 VAIL TERRACE
CITY- ST- ZIP SOMERVILLE NJ 07946

TITLE VP
NAME STAPLES, DAVID G.
STREET ADDRESS 114 FRANKLIN ST APT 6F1
CITY- ST- ZIP MORRISTOWN NJ 07960

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME CHADWICK, JACK W
4.3 STREET ADDRESS 3 COUNTRYSIDE DR.
4.4 CITY- ST- ZIP ROCKAWAY, NJ

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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

JACK W. CHADWICK

Date

Daytime Phone #

(201) 490-6600

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CR2E034 (9/96)