

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

0574509 AT

04-15-2002 90073 015 ***150.00

DOCUMENT # P27370

1. Entity Name

CRUM & FORSTER INDEMNITY COMPANY

Principal Place of Business

Mailing Address

**110 WILLIAM ST.
 NEW YORK NY 10038**

**305 MADISON AVE
 MORRISTOWN NJ 07960-1943
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2868548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL BLDG
 TALLAHASSEE FL 32399-0300**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CPD
 DRAGO, PATRICIA A
 38 FRANCES DR
 CLARK NJ 07066** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**COB, CEO, D
 Bruce A. Esselborn
 2 Beacon Hill Dr.
 Chester, NJ 07930** ☐ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**EVP, CFO, D
 Mary Jane Robertson
 1 Farragut Pl.
 Morristown NJ 07960** ☐ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AVP
 Jack W. Chadwick
 3 Countryside Dr
 Rockaway NJ 07866** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 CHADWICK, JACK W
 3 COUNTRYSIDE DR
 ROCKWAY NJ** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 ANTONOPOULOS, NIKOLAS
 10 ROBERTS CIR
 BASKING RIDGE NJ 07920** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jack W. Chadwick

(973) 490-6600

CR2E034 (9/01)