

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000002405

**Entity Name:** CHUBB INDEMNITY INSURANCE COMPANY

**Current Principal Place of Business:**

1133 AVENUE OF AMERICAS  
NEW YORK, NY 10036

**FILED**  
**Apr 28, 2022**  
**Secretary of State**  
**4253413381CC**

**Current Mailing Address:**

C/O MADELYN BALLESTEROS  
202A HALLS MILL ROAD  
WHITEHOUSE STATION, NJ 08889 US

**FEI Number:** 22-3291862

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ASSISTANT SECRETARY  
Name BALLESTEROS, MADELYN  
Address 202A HALLS MILL ROAD  
City-State-Zip: WHITEHOUSE STATION NJ 08889

Title DIRECTOR, CHAIRMAN, PRESIDENT  
Name KRUMP, PAUL JOSEPH  
Address 202B HALLS MILL ROAD  
City-State-Zip: WHITEHOUSE STATION NJ 08889

Title DIRECTOR  
Name LUPICA, JOHN J  
Address 202B HALLS MILL ROAD  
City-State-Zip: WHITEHOUSE STATION NJ 08889

Title SECRETARY  
Name PEENE, BRANDON M  
Address 1133 AVENUE OF AMERICAS  
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR, EVP  
Name SANPIETRO, JAMES SCOTT  
Address 1133 AVENUE OF AMERICAS  
City-State-Zip: NEW YORK NY 10136

Title DIRECTOR  
Name CLOUSER, CAROLINE  
Address 202 HALLS MILL ROAD  
City-State-Zip: WHITEHOUSE STATION NJ 08889

Title DIRECTOR  
Name JOHNSON, LATRELL  
Address 202 HALLS MILL ROAD  
City-State-Zip: WHITEHOUSE STATION NJ 08889

Title TREASURER  
Name HARKIN, KEVIN  
Address 202 HALLS MILL ROAD  
City-State-Zip: WHITEHOUSE STATION NJ 08889

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MADELYN A. BALLESTEROS

**ASSISTANT SECRETARY** 04/28/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           KUSINGA, IVY  
Address        1133 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10036