

1.) CORPORATION NAME:

CHUBB INDEMNITY INSURANCE COMPANY

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0025777**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15 MOUNTAIN VIEW RD
PO BOX 1615

CITY/ST/ZIP: WARREN, NJ 07061-1615

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAUL J. KRUMP	
TITLE:	PRESIDENT	
ADDRESS:	15 MOUNTAIN VIEW ROAD	
CITY/ST/ZIP/CO:	WARREN, NJ 07059	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	W. BRIAN BARNES	
TITLE:	DIR/VP	
ADDRESS:	15 MOUNTAIN VIEW RD	
CITY/ST/ZIP/CO:	WARREN, NJ 07059	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MAUREEN A. BRUNDAGE	
TITLE:	VP/S	
ADDRESS:	15 MOUNTAIN VIEW RD	
CITY/ST/ZIP/CO:	WARREN, NJ 07059	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DOUGLAS A. NORDSTROM	
TITLE:	VP/TREASURER	
ADDRESS:	15 MOUNTAIN VIEW ROAD	
CITY/ST/ZIP/CO:	WARREN, NJ 07059	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DINO E. ROBUSTO	
TITLE:	CHAIRMAN	
ADDRESS:	15 MOUNTAIN VIEW ROAD	
CITY/ST/ZIP/CO:	WARREN, NJ 07059	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RICHARD G. SPIRO	
TITLE:	SVP & CFO	
ADDRESS:	15 MOUNTAIN VIEW ROAD	
CITY/ST/ZIP/CO:	WARREN, NJ 07059	

NAME: PATRICIA TOMCZYK TITLE: ASST SECRETARY ADDRESS: 15 MOUNTAIN VIEW ROAD CITY/ST/ZIP/CO: WARREN, NJ 07059	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: JON C. BIDWELL TITLE: DIRECTOR ADDRESS: 15 MOUNTAIN VIEW ROAD CITY/ST/ZIP/CO: WARREN, NJ 07059	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: MARK JAMES TITLE: DIRECTOR ADDRESS: 15 MOUNTAIN VIEW ROAD CITY/ST/ZIP/CO: WARREN, NJ 07059	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN J. KENNEDY TITLE: DIRECTOR ADDRESS: 15 MOUNTAIN VIEW ROAD CITY/ST/ZIP/CO: WARREN, NJ 07059	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: HAROLD L. MORRISON, JR. TITLE: DIRECTOR ADDRESS: 15 MOUNTAIN VIEW ROAD CITY/ST/ZIP/CO: WARREN, NJ 07059	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: PETER J. TUCKER TITLE: DIRECTOR ADDRESS: 55 WATER STREET CITY/ST/ZIP/CO: NEW YORK, NY 10041	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: JEFFREY A. UPDYKE TITLE: DIRECTOR ADDRESS: 555 LONG WHARF DRIVE CITY/ST/ZIP/CO: NEW HAVEN, CT 06511	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PATRICIA TOMCZYK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICIA TOMCZYK, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	12/30/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			