

1.) CORPORATION NAME:

Chartis Insurance Agency, Inc.

DUE DATE: **9/30/2011**

SCC ID NO: **F1722497**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 175 WATER ST

CITY/ST/ZIP: NEW YORK, NY 10038-

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.

NAME:	ARMAND GEORGE PEPIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	CONNELL CORPORATE CENTER		
CITY/ST/ZIP/CO:	CONNELL DR STE 2100 BERKELEY HEIGHTS, NJ 07922-		
NAME:	JOHN QUINLAN DOYLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	175 WATER ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-		
NAME:	DAVID NEIL FIELDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	180 MAIDEN LN		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-		
NAME:	RUSSELL MARK JOHNSTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	175 WATER ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-		
NAME:	ADAM CRAIG REED	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	GC/SVP		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-		

NAME: ROBERT SCOTT SCHIMEK TITLE: DIRECTOR ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: NEW YORK, NY 10038-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RICHARD T. PISANO TITLE: T/CONTROLLER/VP ADDRESS: 180 MAIDEN LANE 10TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10038-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JACQUELINE M. ALVINO TITLE: VICE PRESIDENT ADDRESS: 180 MAIDEN LANE 14TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10038-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOSEPHINE B. LOWMAN TITLE: VICE PRESIDENT ADDRESS: ONE NEW YORK PLAZA 17TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10004-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: TANYA E. KENT TITLE: SECRETARY ADDRESS: 175 WATER STREET 18TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10038-	<input checked="" type="checkbox"/> OFFICER <input 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/ TANYA E. KENT	TANYA E. KENT, SECRETARY	9/8/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		