

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90134 019 ***150.00

DOCUMENT # 807425

1. Entity Name

CGU INSURANCE COMPANY OF NEW JERSEY

Principal Place of Business

Mailing Address

**400 FELLOWSHIP ROAD
 MT. LAUREL NJ 08054**

**ONE BEACON STREET
 BOSTON MA 20108**

610982



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **21-0418860**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32301**

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, 2001 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 | S | <input type="checkbox"/> Delete |
| NAME | SMITH, DENNIS R | |
| STREET ADDRESS | ONE BEACON STREET | |
| CITY-ST-ZIP | BOSTON MA | |
| TITLE | PCD | <input type="checkbox"/> Delete |
| NAME | GOWDY, ROBERT C | |
| STREET ADDRESS | ONE BEACON STREET | |
| CITY-ST-ZIP | BOSTON MA | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | WEBER, JOHN A | |
| STREET ADDRESS | ONE BEACON STREET | |
| CITY-ST-ZIP | BOSTON MA | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | PERLMAN, ROBERT S | |
| STREET ADDRESS | ONE BEACON STREET | |
| CITY-ST-ZIP | BOSTON MA | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BANAS, RICHARD S | |
| STREET ADDRESS | ONE BEACON STREET | |
| CITY-ST-ZIP | BOSTON MA | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BRAZAUSKAS, VINCENT A | |
| STREET ADDRESS | ONE BEACON STREET | |
| CITY-ST-ZIP | BOSTON MA | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

01/17/01

Date

(617) 725-7430

Daytime Phone #

CR2E034 (10/00)