

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

05 MAY -1 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **840137** (4)
1. Corporation Name
NEW HAMPSHIRE INDEMNITY COMPANY, INC.

Principal Place of Business: 70 PINE ST, NEW YORK NY 10270
Mailing Address: 70 PINE ST, 27TH FLOOR, NEW YORK NY 10270

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24, 25, 29, 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1978
3a. Date of Last Report: 06/03/1994

4. FEI Number: 02-0227294
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under § 100.039 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**INSURANCE COM. OF FLA.
CAPITAL BUILDING
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: This space Agent signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: DAVIS, JAMES STEVEN STREET ADDRESS: 70 PINE ST CITY, ST, ZIP: NEW YORK NY		11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME: 13 STREET ADDRESS: 14 CITY, ST, ZIP:	
TITLE: V NAME: LIPSETT, LLOYD W. STREET ADDRESS: 1750 ELM ST. CITY, ST, ZIP: MANCHESTER NH 03105		21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME: 23 STREET ADDRESS: 24 CITY, ST, ZIP:	
TITLE: VC NAME: QUERIN, JAMES L. STREET ADDRESS: 405 HILL ST CITY, ST, ZIP: MANCHESTER NH		31 TITLE: VTC 32 NAME: Michael J. Castelli 33 STREET ADDRESS: 49 John Street 34 CITY, ST, ZIP: NEW YORK, NY 10038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: FOLEY, PATRICK J. STREET ADDRESS: 70 PINE ST. CITY, ST, ZIP: NEW YORK NY 10270		41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME: 43 STREET ADDRESS: 44 CITY, ST, ZIP:	
TITLE: S NAME: TUCK, ELIZABETH M. STREET ADDRESS: 70 PINE ST. CITY, ST, ZIP: NEW YORK NY 10270		51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME: 53 STREET ADDRESS: 54 CITY, ST, ZIP:	
TITLE: V NAME: MATTHEWS, EDWARD E STREET ADDRESS: 45 MONTADALE CIRCLE CITY, ST, ZIP: PRINCETON, NJ 00000		61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME: 63 STREET ADDRESS: 64 CITY, ST, ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth M. Tuck* 4-06-95 (212) 770-7000
DATE: _____