


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 840137 1. Entity Name NEW HAMPSHIRE INDEMNITY COMPANY, INC.	
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FILED

04 APR 29 PM 12:30

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SECRETARY
TALLAHASSEE, FLORIDA

Principal Place of Business 70 PINE ST NEW YORK, NY 10270	Mailing Address 70 PINE ST. ATTN E M TUCK NEW YORK, NY 10270 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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 04262004 Chg-P CR2E034 (10/03)

City & State Zip Country	City & State Zip Country
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4. FEI Number 02-0227294	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

INSURANCE COM.OF FLA
 CAPITAL BUILDING
 TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete PAVIA, ANTHONY P 4501 N POINT PKWY ALPHARETTA, GA 30202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete SANDLER, ROBERT M 70 PINE STREET NEW YORK, NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete BENSINGER, STEVEN J 70 PINE STREET NEW YORK, NY 10270	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TIZZIO, THOMAS R 70 PINE STREET NEW YORK, NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete TUCK, ELIZABETH M. 70 PINE ST. NEW YORK, NY 10270	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MATTHEWS, EDWARD E 70 PINE STREET NEW YORK, NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth M. Tuck 4-26-04 (212) 770-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 598287 4320171
AUTHORIZATION : Patricia Kizure
COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2004
ORDER TIME : 10:24 AM
ORDER NO. : 598287-235
CUSTOMER NO: 4320171
CUSTOMER: Bernadette Colon
American International Group,
30th Floor, 70 Pine Street
- Corporate
New York, NY 10270

ANNUAL REPORT FILING

NAME: NEW HAMPSHIRE INDEMNITY COMPANY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS:

RECEIVED
04 APR 29 PM 1:12
DEPT. TREAS. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA