

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

3. Date Incorporated or Qualified: 03/02/1978
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02-0227294	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
			Attn: E.M. TUCK		<input type="checkbox"/>	
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
24	25	29	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COM. OF FLA. CAPITAL BUILDING TALLAHASSEE FL 32304				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ (Date Registered Agent Signature Required After Incorporation) _____ (DATE)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	DAVIS, JAMES STEVEN		1.2 NAME	Flaherty, Thomas M.			
STREET ADDRESS	70 PINE ST		1.3 STREET ADDRESS	5 Concourse Parkway			
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	Atlanta, GA 30328			
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	C/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LIPSETT, LLOYD W.		2.2 NAME	Saxler, Robert M.			
STREET ADDRESS	1750 ELM ST.		2.3 STREET ADDRESS	70 Pine Street			
CITY-ST-ZIP	MANCHESTER NH 03105		2.4 CITY-ST-ZIP	New York, NY 10270			
TITLE	VTC	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CASTELLI, MICHAEL J.		3.2 NAME	Dooley, William N.			
STREET ADDRESS	99 JOHN ST.		3.3 STREET ADDRESS	70 Pine Street			
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	New York, NY 10270			
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FOLEY, PATRICK J.		4.2 NAME	Tizzio, Thomas R.			
STREET ADDRESS	70 PINE ST.		4.3 STREET ADDRESS	70 Pine Street			
CITY-ST-ZIP	NEW YORK NY 10270		4.4 CITY-ST-ZIP	New York, NY 10270			
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TUCK, ELIZABETH M.		5.2 NAME				
STREET ADDRESS	70 PINE ST.		5.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10270		5.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MATTHEWS, EDWARD E		6.2 NAME				
STREET ADDRESS	45 MONTADALE CIRCLE		6.3 STREET ADDRESS	70 Pine Street			
CITY-ST-ZIP	PRINCETON, NJ 08500		6.4 CITY-ST-ZIP	New York, NY 10270			

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 119.07(3)(k), 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 H-05-96 (20) 770-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY AND PHONE #

CR2E034 (12/95)