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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	03/02/1978	02-0227294	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23	28	<input type="checkbox"/>		
Zip	Country	29	30	8. This corporation owes the current year Intangible Personal Property Tax.
24	25	29	30	<input type="checkbox"/> Yes <input 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
	85 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: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAHERTY, T M	1.2 NAME	
STREET ADDRESS	4501 N POINT PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30202	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLER, ROBERT M	2.2 NAME	
STREET ADDRESS	70 PINE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOOLEY, WILLIAM N	3.2 NAME	T McFate, Carol Ann
STREET ADDRESS	70 PINE STREET	3.3 STREET ADDRESS	70 Pine St
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	New York NY
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIZZIO, THOMAS R	4.2 NAME	
STREET ADDRESS	70 PINE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	S	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	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, EDWARD E	6.2 NAME	
STREET ADDRESS	70 PINE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Elizabeth M. Tuck DATE: 4/29/99 DAYTIME PHONE: 212 770-7000

CR2E034 (11/98)