

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90001 023 ***550.00

DOCUMENT # 850269
 1. Entity Name
HARBOR SPECIALTY INSURANCE COMPANY



Principal Place of Business Mailing Address
7 TIMES SQUARE, 37TH FLOOR **7 TIMES SQUARE, 37TH FLOOR**
NEW YORK, NY 10036 **NEW YORK, NY 10036**

40106110



2. Principal Place of Business 3. Mailing Address
466 LEXINGTON AVE **466 LEXINGTON AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1900 **1900**

08012006 Chg-P CR2E034 (11/05)

City & State City & State
NEW YORK NY **NEW YORK NY**
 Zip Country Zip Country
10017 US **10017 US**

4. FEI Number Applied For
58-1438724 Not Applicable

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

6. Name and Address of Current Registered Agent
CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KETELS, GERHARD <input checked="" type="checkbox"/> Delete 7 TIMES SQUARE, 37TH FLOOR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAJJAR, STEVEN <input checked="" type="checkbox"/> Delete 7 TIMES SQUARE, 37TH FLOOR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LARSON, ANDERS F <input type="checkbox"/> Delete 7 TIMES SQUARE, 37TH FLOOR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATRICK FEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 466 LEXINGTON AVE SUITE 1900 NEW YORK NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERT REDDATT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 466 LEXINGTON AVE SUITE 1900 NEW YORK NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERS LARSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 466 LEXINGTON AVE SUITE 1900 NEW YORK NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTHEW MASCIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 466 LEXINGTON AVE SUITE 1900 NEW YORK NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DENNIS BRAZIEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 466 LEXINGTON AVE SUITE 1900 NEW YORK NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARY ROPIECKI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 466 LEXINGTON AVE SUITE 1900 NEW YORK NY 10017

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR