

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

1 of 2

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850269 (2)
 1. Corporation Name
HARBOR SPECIALTY INSURANCE COMPANY



Principal Place of Business	Mailing Address
62 MAPLE AVENUE P O BOX 507 KEENE NH 03431	62 MAPLE AVENUE P O BOX 507 KEENE NH 03431

2. Principal Place of Business	2a. Mailing Address
21 1177 Ave of the Americas Suite, Apt #, etc 22 45th Floor	26 SAME Suite, Apt #, etc.
23 New York, New York	27 City & State
24 10036 USA	29 30

3. Date Incorporated or Qualified 09/03/1981	3a. Date of Last Report 05/01/1995
4. FEI Number 58-1438724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**INSURANCE COMMISSIONER STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL FL**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	100001873471
84 City	FL
85 Zip Code	06/24/96-01045-040 ***225.00

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: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	PD
NAME	TRACEY, JOSEPH P	12 NAME	RALPH MILO
STREET ADDRESS	62 MAPLE AVENUE	13 STREET ADDRESS	1177 Avenue of the Americas
CITY-ST-ZIP	KEENE NH	14 CITY-ST-ZIP	New York, New York 10036
TITLE	PD	21 TITLE	SD
NAME	BELL, RICHARD T	22 NAME	ROBERT D. FERGUSON
STREET ADDRESS	62 MAPLE AVENUE	23 STREET ADDRESS	1177 Avenue of the Americas
CITY-ST-ZIP	KEENE NH	24 CITY-ST-ZIP	New York, New York 10036
TITLE	SVP	31 TITLE	TD
NAME	PAGNOZZI, RICHARD D	32 NAME	CARL J. HILDNER
STREET ADDRESS	62 MAPLE AVE	33 STREET ADDRESS	1177 Avenue of the Americas
CITY-ST-ZIP	KEENE NH	34 CITY-ST-ZIP	New York, New York 10036
TITLE	CD	41 TITLE	VPD
NAME	HILLIARD, R. GLENN	42 NAME	WILLIAM E. ROCHE
STREET ADDRESS	300 GALLERIA PKWY, NW	43 STREET ADDRESS	1177 Avenue of the Americas
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP	New York, New York 10036
TITLE	SVP	51 TITLE	VPD
NAME	BERKMAN, MORLAND E	52 NAME	DENNIS DICAPUA
STREET ADDRESS	62 MAPLE AVENUE	53 STREET ADDRESS	1177 Avenue of the Americas
CITY-ST-ZIP	KEENE NH	54 CITY-ST-ZIP	New York, New York 10036
TITLE	SVP	61 TITLE	D
NAME	MCCAGUE, WILLIAM L II	62 NAME	ALAN MAHADEO
STREET ADDRESS	62 MAPLE AVENUE	63 STREET ADDRESS	1177 Avenue of the Americas
CITY-ST-ZIP	KEENE NH	64 CITY-ST-ZIP	New York, New York 10036

11 Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
21 Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
31 Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
41 Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
51 Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
61 Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  Joseph S. Labell, Director 6/17/96 (212)805-9700

CR2E034 (3/96)

6/24/96

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE D CHANGE

1.2 NAME JOSEPH S. LABELL

1.3 STREET 1177 Avenue of the Americas

1.4 CITY/STAT New York, New York 10036