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**Jan 17 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 850269 (2)
1. Corporation Name
HARBOR SPECIALTY INSURANCE COMPANY



Principal Place of Business
**1177 AVE. OF THE AMERICAS
45TH FLOOR
NEW YORK NY 10036**

Mailing Address
**1177 AVE. OF THE AMERICAS
45TH FLOOR
NEW YORK NY 10036-2714**

3. Date Incorporated or Qualified **09/03/1981** 3a. Date of Last Report **06/24/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 58-1438724		Applied For Not Applicable	
21	Suite, Apt. # etc	26	Suite, Apt. #, etc	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

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			
				84	City	FL	85 Zip Code

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 typed or printed name of registered agent and fee if applicable (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	D
NAME	MILO, RALPH	1.2 NAME	JOSEPH S. LABELL
STREET ADDRESS	1177 AVE. OF THE AMERICAS	1.3 STREET ADDRESS	1177 AVE. OF THE AMERICAS
CITY - ST - ZIP	NEW YORK NY 10036	1.4 CITY - ST - ZIP	NEW YORK, N.Y. 10038
TITLE	SD	2.1 TITLE	
NAME	FERGUSON, ROBERT D.	2.2 NAME	
STREET ADDRESS	1177 AVE. OF THE AMERICAS	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10036	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	
NAME	HILDER, CARL J.T	3.2 NAME	
STREET ADDRESS	1177 AVE. OF THE AMERICAS	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10036	3.4 CITY - ST - ZIP	
TITLE	VPD	4.1 TITLE	
NAME	ROCHE, WILLIAM E.	4.2 NAME	
STREET ADDRESS	1177 AVE. OF THE AMERICAS	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10036	4.4 CITY - ST - ZIP	
TITLE	VPD	5.1 TITLE	
NAME	DICAPUA, DENNIS	5.2 NAME	
STREET ADDRESS	1177 AVE. OF THE AMERICAS	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10036	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	MAHADEO, ALAN	6.2 NAME	
STREET ADDRESS	1177 AVE. OF THE AMERICAS	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10036	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Carl J. Hilder* **CARL J. HILDER** 1/6/97 212-805-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)