

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified
09/03/1981

4. FEI Number
58-1438724

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH S. LABELL	1.2 NAME	
STREET ADDRESS	1177 AVE. OF THE AMERICAS	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *[Signature]* RECORDED BY *[Signature]* 1/7/98 212-805-9743

CR2E034 (10/97)