

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90119 017 ***150.00

DOCUMENT # 850269

1. Entity Name

HARBOR SPECIALTY INSURANCE COMPANY

Principal Place of Business

Mailing Address

1177 AVE. OF THE AMERICAS
 45TH FLOOR
 NEW YORK NY 10036

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1438724

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	<input type="checkbox"/> Delete
NAME	JOSEPH S. LABELL	
STREET ADDRESS	1177 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FERGUSON, ROBERT D.	
STREET ADDRESS	1177 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CORTEVILLE, THOMAS D	
STREET ADDRESS	1177 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROCHE, WILLIAM E.	
STREET ADDRESS	1177 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DICAPUA, DENNIS	
STREET ADDRESS	1177 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAHADEO, ALAN	
STREET ADDRESS	1177 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zeller, Wilhelm	
STREET ADDRESS	1177 Avenue of the Americas, 45th Floor	
CITY-ST-ZIP	New York, NY 10036	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Haas, Herbert	
STREET ADDRESS	1177 Avenue of the Americas, 45th Floor	
CITY-ST-ZIP	New York, NY 10036	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steiner, Detlef	
STREET ADDRESS	1177 Avenue of the Americas, 45th Floor	
CITY-ST-ZIP	New York, NY 10036	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rohlf, Hans-Dieter	
STREET ADDRESS	1177 Avenue of the Americas, 45th Floor	
CITY-ST-ZIP	New York, NY 10036	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larsson, Anders	
STREET ADDRESS	1177 Avenue of the Americas, 45th Floor	
CITY-ST-ZIP	New York, NY 10036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Joseph S. Labell
SIGNATURE REQUIRED Joseph S. Labell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 (212) 805-9700

Date

Daytime Phone #

CR2E034 (9/99)