

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 19, 2001 08:00 AM
Secretary of State

DOCUMENT # 850269

1. Entity 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
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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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 INSURANCE COMMISSIONER STATE OF FLORIDA
 CAPITAL BLDG
 TALLAHASSEE FL FL
 US

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.

SIGNATURE _____ DATE **03/19/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
TITLE D	<input type="checkbox"/> Delete
NAME STEINER DETLEF	
STREET ADDRESS 1177 AVE. OF THE AMERICAS	
CITY-ST-ZIP NEW YORK NY 10036	
TITLE D	<input type="checkbox"/> Delete
NAME HAAS HERBERT	
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 D	<input type="checkbox"/> Delete
NAME WILHELM ZELLER	
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 DS	<input type="checkbox"/> Delete
NAME JOSEPH S. LABELL	
STREET ADDRESS 1177 AVE. OF THE AMERICAS	
CITY-ST-ZIP NEW YORK NY 10036	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILO RALPH	
STREET ADDRESS 1177 AVE. OF THE AMERICAS	
CITY-ST-ZIP NEW YORK NY 10036	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROHLF HANS-DIETER	
STREET ADDRESS 1177 AVE. OF THE AMERICAS	
CITY-ST-ZIP NEW YORK NY 10036	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAAS HERBERT	
STREET ADDRESS 1177 AVE. OF THE AMERICAS	
CITY-ST-ZIP NEW YORK NY 10036	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZELLER WILHELM	
STREET ADDRESS 1177 AVE. OF THE AMERICAS	
CITY-ST-ZIP NEW YORK NY 10036	
TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEINER DETLEF	
STREET ADDRESS 1177 AVE. OF THE AMERICAS	
CITY-ST-ZIP NEW YORK NY 10036	
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LABELL JOSEPH	
STREET ADDRESS 1177 AVE. OF THE AMERICAS	
CITY-ST-ZIP NEW YORK NY 10036	

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 S Date 03/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)