

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90194 016 \*\*\*550.00

**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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1438724**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LABELL, JOSEPH</b> <input checked="" type="checkbox"/> Delete <b>1177 AVE. OF THE AMERICAS</b> <b>NEW YORK NY 10036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>STEINER, DETLEF</b> <input type="checkbox"/> Delete <b>1177 AVE. OF THE AMERICAS</b> <b>NEW YORK NY 10036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZELLER, WILHELM</b> <input type="checkbox"/> Delete <b>1177 AVE. OF THE AMERICAS</b> <b>NEW YORK NY 10036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAAS, HERBERT</b> <input checked="" type="checkbox"/> Delete <b>1177 AVE. OF THE AMERICAS</b> <b>NEW YORK NY 10036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROHLF, HANS-DIETER</b> <input checked="" type="checkbox"/> Delete <b>1177 AVE. OF THE AMERICAS</b> <b>NEW YORK NY 10036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILO, RALPH</b> <input checked="" type="checkbox"/> Delete <b>1177 AVE. OF THE AMERICAS</b> <b>NEW YORK NY 10036</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GERHARD KETELS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1177 AVE. OF THE AMERICAS</b> <b>NEW YORK, N.Y. 10036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JUERGEN CRAEBER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1177 AVE. OF THE AMERICAS, N.Y. N.Y. 10036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR. ELKE KOENIG</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1177 AVENUE OF THE AMERICAS</b> <b>NEW YORK, N.Y. 10036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ANDERS FOLKE LARSSON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1177 AVE. OF THE AMERICAS</b> <b>NEW YORK, N.Y. 10036</b>

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:** SIGNATURE REQUIRED GERHARD KETELS **7/8/02** 212-805-9143  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)