


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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90076 021 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 840137**  
 1. Corporation Name  
**NEW HAMPSHIRE INDEMNITY COMPANY, INC.**

Principal Place of Business 70 PINE ST NEW YORK NY 10270	Mailing Address 70 PINE ST. ATTN E M TUCK NEW YORK NY 10270 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 03/02/1978	4. FEI Number 02-0227294	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**INSURANCE COM. OF FLA.  
 CAPITAL BUILDING  
 TALLAHASSEE FL 32304**

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAHERTY, T M	1.2 NAME	
STREET ADDRESS	4501 N POINT PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30202	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLER, ROBERT M	2.2 NAME	
STREET ADDRESS	70 PINE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOOLEY, WILLIAM N	3.2 NAME	T McFate, Carol Ann
STREET ADDRESS	70 PINE STREET	3.3 STREET ADDRESS	70 Pine St
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	New York NY
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIZZIO, THOMAS R	4.2 NAME	
STREET ADDRESS	70 PINE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCK, ELIZABETH M.	5.2 NAME	
STREET ADDRESS	70 PINE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10270	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, EDWARD E	6.2 NAME	
STREET ADDRESS	70 PINE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4/29/99 DAYTIME PHONE #: 212 770-7000

CR2E034 (11/98)