

2000 UNIFORM BUSINESS REPORT (UBR)

1002

DOCUMENT # 840137

1. Entity Name

NEW HAMPSHIRE INDEMNITY COMPANY, INC.

FILED

00 JUL -7 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

70 PINE ST
NEW YORK NY 10270

70 PINE ST.
ATTN E M TUCK
NEW YORK NY 10270-0002
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0227294

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COM. OF FLA.
CAPITAL BUILDING
TALLAHASSEE FL 32304**

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 | PD | <input type="checkbox"/> Delete |
| NAME | FLAHERTY, T M | |
| STREET ADDRESS | 4501 N POINT PKWY | |
| CITY-ST-ZIP | ALPHARETTA GA 30202 | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | SANDLER, ROBERT M | |
| STREET ADDRESS | 70 PINE STREET | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MCFATE, CAROL A | |
| STREET ADDRESS | 70 PINE STREET | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TIZZIO, THOMAS R | |
| STREET ADDRESS | 70 PINE STREET | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | TUCK, ELIZABETH M. | |
| STREET ADDRESS | 70 PINE ST. | |
| CITY-ST-ZIP | NEW YORK NY 10270 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MATTHEWS, EDWARD E | |
| STREET ADDRESS | 70 PINE STREET | |
| CITY-ST-ZIP | NEW YORK NY | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

LS

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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: Elizabeth M. Tuck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(212) 770-7000

CR-1 (034) (1/99)

2012



ACCOUNT NO. : 072100000032

REFERENCE : 755506 4320171

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 550.00

ORDER DATE : July 6, 2000

ORDER TIME : 4:26 PM

ORDER NO. : 755506-150

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon
American International Group,
70 Pine Street
27th Floor
New York, NY 10270

ANNUAL REPORT FILING

NAME: NEW HAMPSHIRE INDEMNITY
COMPANY, INC.

RECEIVED
00 JUL -7 PM 4:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS: _____