09142

## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 840137  1. Entity Name NEW HAMPSHIRE INDEMNITY COMPANY, INC.						0	D		
					FILED				
14544 (#		· · · · · · · · · · · · · · · · · · ·			01 MAY -1 PM 12: 3	n			
Principal Plac	ce of Business	Mailing Address		_	<del>-</del>				
NEW YORK NY 10270		70 PINE ST. ATTN E M TUCK NEW YORK NY 10270 US			SECRETARITOFFSTATE TALLAHASSEE, IFLORIDA				
2. Principal Place of Business		3. Mailing Address		$\dashv$					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		$\dashv$	DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. 1	FEI Number 02-0227294	<u> </u>	applied For lot Applicable		
Zip	Country	Zip	Country	5, (	Certificate of Status Desired	\$8.75 Ac Fee Requir			
	6. Name and Address of Current Re	gistered Agent	Name	7. 1	Name and Address of New Registered	Agent			
INSU	IRANCE COM. OF FLA.		Name			<del></del>			
CAPI	TAL BUILDING AHASSEE FL 32304	·*	Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
			City	<u> </u>	F	L Zip Coo	de		
8 The above	e named entity submits this statement for the	ne purpose of changing its r	enistered office or regis	stered an	ent 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 printed name of registered agent and title if applicable.  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00					10. Election Campaign Financing		00 May Be		
· · · · · · · · · · · · · · · · · · ·	ria on back)	<u> </u>	e to Department of S						
TITLE	OFFICERS AND DIF	RECTORS Delete	TITLE	AD	DITIONS/CHANGES TO OFFICERS AN	Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	FLAHERTY, T M 4501 N POINT PKWY ALPHARETTA GA 30202		NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SANDLER, ROBERT M 70 PINE STREET NEW YORK NY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCFATE, CAROL A 70 PINE STREET NEW YORK NY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		800004102	□ Change 2828	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIZZIO, THOMAS R 70 PINE STREET NEW YORK NY	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCK, ELIZABETH M. 70 PINE ST. NEW YORK NY 10270	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, EDWARD E 70 PINE STREET NEW YORK NY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
indicated of the cor	certify that the information supplied with thi I on this report or supplemental report is tru reporation or the receiver or trustee empowe , or on an attachment with an address, with	e and accurate and that my red to execute this report a	y signature shall have th	ne same l	legal effect as if made under oath; that I	am an office	r or director		

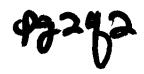
SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARG OFFICER OR DIRECTOR

/212)770-7000

Daytime Phone

Date





ACCOUNT	NO.	•	072100000032
VCCCOMI	110.	•	0 / 2 1 0 0 0 0 0 0 0 2 2

REFERENCE: 134356

4320171

AUTHORIZATION

COST LIMIT

ORDER DATE: May 1, 2001

ORDER TIME: 11:17 AM

ORDER NO. : 134356-220

CUSTOMER NO:

4320171

CUSTOMER: Ms. Bernadette Colon

American International Group,

70 Pine Street 30th Floor

New York, NY 10270

ANNUAL REPORT FILING

NAME:

NEW HAMPSHIRE INDEMNITY

COMPANY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: