

2002 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # **840137**

1. Entity Name
NEW HAMPSHIRE INDEMNITY COMPANY, INC.

FILED

02 MAY -1 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten initials]



DO NOT WRITE IN THIS SPACE

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**

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

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 _____ DATE _____
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.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | PD FLAHERTY, T M 4501 N POINT PKWY ALPHARETTA GA 30202 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD SANDLER, ROBERT M 70 PINE STREET NEW YORK NY | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MCFATE, CAROL A 70 PINE STREET NEW YORK NY | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TIZZIO, THOMAS R 70 PINE STREET NEW YORK NY | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TUCK, ELIZABETH M. 70 PINE ST. NEW YORK NY 10270 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MATTHEWS, EDWARD E 70 PINE STREET NEW YORK NY | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Pavia, Anthony P. 4501 Northpoint, PKWY Alpharetta, GA 30202 | <input type="checkbox"/> Change <input checked="" 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 (212) 770-7000

Date Daytime Phone #

CR2E034 (9/01)

202



ACCOUNT NO. : 072100000032

REFERENCE : 556901 4320171

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizub

ORDER DATE : April 30, 2002

ORDER TIME : 1:16 PM

ORDER NO. : 556901-210

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon
American International Group,
70 Pine Street
30th Floor
New York, NY 10270

RECEIVED
02 MAY - 1 PM 3:08
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: NEW HAMPSHIRE INDEMNITY
COMPANY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: _____