

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

*bfz*

0690982 AB

**DOCUMENT # 840137**

1. Entity Name  
**NEW HAMPSHIRE INDEMNITY COMPANY, INC.**



FILED  
03 APR 29 PM 5:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES **03**

City & State

Zip

Country

4. FEI Number **02-0227294**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PAVIA, ANTHONY P</b> <b>4501 N POINT PKWY</b> <b>ALPHARETTA GA 30202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>SANDLER, ROBERT M</b> <b>70 PINE STREET</b> <b>NEW YORK NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCFATE, CAROL A</b> <b>70 PINE STREET</b> <b>NEW YORK NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TIZZIO, THOMAS R</b> <b>70 PINE STREET</b> <b>NEW YORK NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TUCK, ELIZABETH M.</b> <b>70 PINE ST.</b> <b>NEW YORK NY 10270</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATTHEWS, EDWARD E</b> <b>70 PINE STREET</b> <b>NEW YORK NY</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Bensinger, Steven J.</b> <b>70 Pine Street</b> <b>New York, NY 10270</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700017350527</b>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **4/22/03 (212) 770-7000**

DATE: \_\_\_\_\_ DAY/TIME PHONE #: \_\_\_\_\_

CR2E034 (10/02)

2052



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 073352 4320171

AUTHORIZATION :

*Patricia Pigute*

COST LIMIT : \$ 150.00

ORDER DATE : April 29, 2003

ORDER TIME : 11:20 AM

ORDER NO. : 073352-225

CUSTOMER NO: 4320171

CUSTOMER: Ms. Nancy Wong  
American International Group,  
30th Floor, 70 Pine Street  
- Corporate  
New York, NY 10270

RECEIVED  
03 APR 29 PM 4: 37  
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: Sara Lea-EXT#1114

EXAMINER'S INITIALS: \_\_\_\_\_