2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 08:00 AM
Secretary of State

DOCUMENT # 850269

1. Entity Name
HARBOR SPECIALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
1177 AVE. OF THE AMERICAS 45TH FLOOR NEW YORK NY 10036	1177 AVE. OF THE AMERICAS 45TH FLOOR NEW YORK NY 10036

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1438724 ☐ Applied For ☐ Not Applicable

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 COMMISSIONER STATE OF FLORIDA CAPITAL BLDG TALLAHASSEE FL FL US	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 _____ 03/19/2001
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, 2001 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	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	STEINER DETLEF			NAME	MILO RALPH		
STREET ADDRESS	1177 AVE. OF THE AMERICAS			STREET ADDRESS	1177 AVE. OF THE AMERICAS		
CITY-ST-ZIP	NEW YORK	NY	10036	CITY-ST-ZIP	NEW YORK	NY	10036
TITLE	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	HAAS HERBERT			NAME	ROHLF HANS-DIETER		
STREET ADDRESS	1177 AVE. OF THE AMERICAS			STREET ADDRESS	1177 AVE. OF THE AMERICAS		
CITY-ST-ZIP	NEW YORK	NY	10036	CITY-ST-ZIP	NEW YORK	NY	10036
TITLE	VPD	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	ROCHE, WILLIAM E.			NAME	HAAS HERBERT		
STREET ADDRESS	1177 AVE. OF THE AMERICAS			STREET ADDRESS	1177 AVE. OF THE AMERICAS		
CITY-ST-ZIP	NEW YORK	NY	10036	CITY-ST-ZIP	NEW YORK	NY	10036
TITLE	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	WILHELM ZELLER			NAME	ZELLER WILHELM		
STREET ADDRESS	1177 AVE. OF THE AMERICAS			STREET ADDRESS	1177 AVE. OF THE AMERICAS		
CITY-ST-ZIP	NEW YORK	NY	10036	CITY-ST-ZIP	NEW YORK	NY	10036
TITLE	DP	☐ Delete		TITLE	DP	☒ Change	☐ Addition
NAME	FERGUSON, ROBERT D.			NAME	STEINER DETLEF		
STREET ADDRESS	1177 AVE. OF THE AMERICAS			STREET ADDRESS	1177 AVE. OF THE AMERICAS		
CITY-ST-ZIP	NEW YORK	NY	10036	CITY-ST-ZIP	NEW YORK	NY	10036
TITLE	DS	☐ Delete		TITLE	S	☒ Change	☐ Addition
NAME	JOSEPH S. LABELL			NAME	LABELL JOSEPH		
STREET ADDRESS	1177 AVE. OF THE AMERICAS			STREET ADDRESS	1177 AVE. OF THE AMERICAS		
CITY-ST-ZIP	NEW YORK	NY	10036	CITY-ST-ZIP	NEW YORK	NY	10036

CR2E034 (11/00)

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: Joseph S. Labell S 03/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #