2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State
07-15-2002 90194 016 ***550.00

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

DO NOT WRITE IN THIS SPACE

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

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

INSURANCE COMMISSIONER STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL FL

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 _____ 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. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
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	S LABELL, JOSEPH 1177 AVE. OF THE AMERICAS NEW YORK NY 10036	☒ Delete	S GERHARD KEELS 1177 AVE. of THE AMERICAS New York, N.Y. 10036	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STEINER, DETLEF 1177 AVE. OF THE AMERICAS NEW YORK NY 10036	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZELLER, WILHELM 1177 AVE. OF THE AMERICAS NEW YORK NY 10036	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAAS, HERBERT 1177 AVE. OF THE AMERICAS NEW YORK NY 10036	☒ Delete	D JUERGEN GRAEBER 1177 AVE. of THE AMERICAS, N.Y. N.Y. 10036	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROHLF, HANS-DIETER 1177 AVE. OF THE AMERICAS NEW YORK NY 10036	☒ Delete	DR. ELKE KOENIG 1177 AVENUE OF THE AMERICAS NEW YORK. N.Y. 10036	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILO, RALPH 1177 AVE. OF THE AMERICAS NEW YORK NY 10036	☒ Delete	T ANDERS FOLKE LARSSON 1177 AVE. of THE AMERICAS New York, N.Y. 10036	☒ Change ☐ 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 REQUIRED GERHARD KEELS 7/8/02 212-805-9143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (4/02)