2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 12 AM 8:36

DOCUMENT # 850269

1. Entity Name
HARBOR SPECIALTY INSURANCE COMPANY

REINSTATEMENT 04-05

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

01062005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
7 Times Square	7 Times Square
Suite, Apt. #, etc.: 37th Floor	Suite, Apt. #, etc.: 37th Floor
City & State: New York, NY	City & State: New York, NY
Zip: 10036 Country: USA	Zip: 10036 Country: USA

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
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KEAELS, GERHARD 1177 AVE. OF THE AMERICAS NEW YORK, NY 10036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Ketels, Gerhard 7 Times Square New York, NY 10036	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STEINER, DETLEF 1177 AVE. OF THE AMERICAS NEW YORK, NY 10036	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Najjar, Steven 7 Times Square New York, NY 10036	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SBASCHNIG, MARY 1177 AVE. OF THE AMERICAS NEW YORK, NY 10036	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600044600228 01/12/05--01009--005 **900.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LARSON, ANDERS F 1177 AVE. OF THE AMERICAS NEW YORK, NY 10036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Larsson, Anders 7 Times Square New York, NY 10036	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #