# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 31, 2006 8:00 am**
**Secretary of State**
08-31-2006 90001 023 ***550.00

DOCUMENT # 850269

1. Entity Name
HARBOR SPECIALTY INSURANCE COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 7 TIMES SQUARE, 37TH FLOOR<br>NEW YORK, NY 10036 | 7 TIMES SQUARE, 37TH FLOOR<br>NEW YORK, NY 10036 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 466 LEXINGTON AVE | 466 LEXINGTON AVE |
| Suite, Apt. #, etc.: 1900 | Suite, Apt. #, etc.: 1900 |
| City & State: NEW YORK NY | City & State: NEW YORK NY |
| Zip: 10017 Country: US | Zip: 10017 Country: US |

08012006 Chg-P CR2E034 (11/05)

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<br>P O BOX 6200 (32314-6200)<br>200 E. GAINES ST<br>TALLAHASSEE, FL 32399-0000 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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)

**FILE NOW!!! FEE IS $550.00**
**Due by September 6, 2006**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>KETELS, GERHARD<br>7 TIMES SQUARE, 37TH FLOOR<br>NEW YORK, NY 10036 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PATRICK FEE<br>466 LEXINGTON AVE SUITE 1900<br>NEW YORK NY 10017 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>NAJJAR, STEVEN<br>7 TIMES SQUARE, 37TH FLOOR<br>NEW YORK, NY 10036 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ROBERT REPPATH<br>466 LEXINGTON AVE SUITE 1900<br>NEW YORK NY 10017 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LARSON, ANDERS F<br>7 TIMES SQUARE, 37TH FLOOR<br>NEW YORK, NY 10036 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ANDERS LARSON<br>466 LEXINGTON AVE SUITE 1900<br>NEW YORK NY 10017 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MATTHEW MASCIA<br>466 LEXINGTON AVE SUITE 1900<br>NEW YORK NY 10017 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>DENNIS BRAZIEL<br>466 LEXINGTON AVE SUITE 1900<br>NEW YORK NY 10017 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>GARY ROPIECKI<br>466 LEXINGTON AVE SUITE 1900<br>NEW YORK NY 10017 | ☐ Change ☑ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #