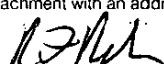


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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 7 TIMES SQUARE, 37TH FLOOR NEW YORK, NY 10036				Mailing Address 7 TIMES SQUARE, 37TH FLOOR NEW YORK, NY 10036	
2. Principal Place of Business 466 LEXINGTON AVE Suite, Apt. #, etc. 1900		3. Mailing Address 466 LEXINGTON AVE Suite, Apt. #, etc. 1900			
City & State NEW YORK NY		City & State NEW YORK NY			
Zip 10017		Country US		4. FEI Number 58-1438724	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000					
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 _____ 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 KETELS, GERHARD 7 TIMES SQUARE, 37TH FLOOR NEW YORK, NY 10036	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PATRICK FEE 466 LEXINGTON AVE SUITE 1900 NEW YORK NY 10017	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NAJJAR, STEVEN 7 TIMES SQUARE, 37TH FLOOR NEW YORK, NY 10036	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROBERT RAPPAPORT 466 LEXINGTON AVE SUITE 1900 NEW YORK NY 10017	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LARSON, ANDERS F 7 TIMES SQUARE, 37TH FLOOR NEW YORK, NY 10036	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERS LARSON 466 LEXINGTON AVE SUITE 1900 NEW YORK NY 10017	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MATTHEW MASCHIA 466 LEXINGTON AVE SUITE 1900 NEW YORK NY 10017	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DENNIS BRAZIER 466 LEXINGTON AVE SUITE 1900 NEW YORK NY 10017	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GARY ROPIECKI 466 LEXINGTON AVE SUITE 1900 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 # _____					