FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **831364** **(5)**

1. Corporation Name
THE HOME INSURANCE COMPANY

Principal Place of Business
59 MAIDEN LANE
NEW YORK NY 10038

Mailing Address
59 MAIDEN LANE
NEW YORK NY 10038

3. Date Incorporated or Qualified: **12/03/1973**
3a. Date of Last Report: **02/15/1995**
4. FEI Number: **02-0308052** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL. 32304

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LARS-GORAN, NILSSON	
STREET ADDRESS	59 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK, N. Y.	
TITLE	DV	☐ DELETE
NAME	MCCONNELL, CHARLES W II	
STREET ADDRESS	59 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK, N. Y.	
TITLE	T	☐ DELETE
NAME	CALDERARO, LEONARD J.	
STREET ADDRESS	59 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK, N. Y.	
TITLE	V	☐ DELETE
NAME	MINA, FOUAD A.	
STREET ADDRESS	59 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK, N. Y.	
TITLE	S	☐ DELETE
NAME	LENKIEWICZ, CYNTHIA J.	
STREET ADDRESS	59 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK, N. Y.	
TITLE	D	☑ DELETE
NAME	STIGSON, BJORN	
STREET ADDRESS	VEN CAP AB HOVSLAGARGATAN 5B, 2ND FLR	
CITY-ST-ZIP	STOCKHOLM SW	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☑ Change ☐ Addition
1.2 NAME	Lars Pedersen	
1.3 STREET ADDRESS	59 Maiden Lane	
1.4 CITY-ST-ZIP	New York, N.Y. 10038	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MICHAEL NEVENS 6-17-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)