

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jul 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 831364 (0)

THE HOME INSURANCE COMPANY

Principal Place of Business

59 MAIDEN LANE  
NEW YORK NY 10038

Mailing Address

59 MAIDEN LANE  
NEW YORK NY 10038

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/03/73

2. Principal Place of Business  
21 59 MAIDEN LANE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 SAME  
Suite, Apt. #, etc.

4. FEI Number  
02-0308052  
Applied  
Not App

22 City & State  
23 NEW YORK N.Y.  
Zip

27 City & State  
28  
Zip

5. Certificate of Status Desired ☐ \$8.75 Addtl.  
Fee Require

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May  
Added to Fee

24 10038  
25 Country

29 Country

8. This corporation owes or has paid the current year Intangib.  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FLORIDA 32304

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 reg  
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 regis  
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE ✓  
NAME DCEO  
STREET ADDRESS JOHNSON, PETER  
CITY-ST-ZIP 59 MAIDEN LANE  
NEW YORK NY

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ✓  
NAME VT  
STREET ADDRESS WILSON, ARTHUR D  
CITY-ST-ZIP 59 MAIDEN LANE  
NEW YORK NY

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME TVC  
STREET ADDRESS HERSHMAN, RICHARD  
CITY-ST-ZIP 59 MAIDEN LANE  
NEW YORK NY

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ✓  
NAME SVP  
STREET ADDRESS MOAK, ROGER M  
CITY-ST-ZIP 59 MAIDEN LANE  
NEW YORK NY

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME VP  
STREET ADDRESS NEVENS, MICHAEL  
CITY-ST-ZIP 59 MAIDEN LANE  
NEW YORK NY

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ✓  
NAME D  
STREET ADDRESS CALLAHAN, CHARLES E  
CITY-ST-ZIP 59 MAIDEN LANE  
NEW YORK NY

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

EXECUTIVE VICE PRESIDENT  
MORTON ALBERT LD.  
59 MAIDEN LANE  
NEW YORK N.Y. 10038

100002581241  
-07/07/98--01025--042  
\*\*\*150.00

14. 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 info  
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 a  
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 appear  
Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL NEVENS-VICE PRESIDENT (212) 530-6754

Date

Daytime Phone # 000