

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90952 020 \*\*\*150.00

**DOCUMENT # 831364**

1. Entity Name  
**THE HOME INSURANCE COMPANY**



Principal Place of Business  
**59 MAIDEN LANE  
NEW YORK NY 10038**

Mailing Address  
**59 MAIDEN LANE  
5TH FLR  
NEW YORK NY 10038**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **02-0308052**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32304**

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO JOHNSON, PETER 59 MAIDEN LANE NEW YORK NY 10038</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP CALLAHAN, CHARLES E 59 MAIDEN LANE NEW YORK NY 10038</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT WILSON, ARTHUR D 59 MAIDEN LANE NEW YORK NY 10038</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS MOAK, ROGER M 59 MAIDEN LANE NEW YORK NY 10038</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Authority suspended, see note below.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Authority suspended, see note below.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Authority suspended, see note below.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Authority suspended, see note below.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/2003

Date

(603) 472-3890

Daytime Phone #

CR2E034 (10/02)

Attachment 831304  
11080481

On March 5, 2003, the Superior Court of New Hampshire, Merrimack County, issued an order ("Order") which placed The Home Insurance Company ("Home") in rehabilitation. The Order appointed the Commissioner of Insurance of the State of New Hampshire as the Rehabilitator of Home. Pursuant to the Order, the Rehabilitator of Home has all the powers of its officers whose authority has been suspended. The directors of Home have resigned. Mr. Michael L. Averill has been authorized to sign this document as the Representative of the Rehabilitator.

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