

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90097 041 \*\*\*150.00

<b>DOCUMENT # F04000001687</b>					
<b>1. Entity Name</b> QUANTA INDEMNITY COMPANY					
<b>Principal Place of Business</b> 4600 SO. ULSTER STREET, SUITE 930 DENVER, CO 80237			<b>Mailing Address</b> 10 ROCKEFELLER PLAZA 3RD FLOOR NEW YORK, NY 10020		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 84-0583213	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CHIEF FINANCIAL OFFICER LARSON BLDG., 200 E. GAINES ST. TALLAHASSEE, FL 32399-0301				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
<b>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.</b>					
SIGNATURE: <u>John Carr</u> <span style="float: right;">1/16/06</span> <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input type="checkbox"/> Delete RUSS, TOBEY J 10 ROCKEFELLER PLAZA, 3RD FLOOR NEW YORK, NY 10020				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO <input checked="" type="checkbox"/> Delete MURPHY, MICHAEL J 10 ROCKEFELLER PLAZA, 3RD FLOOR NEW YORK, NY 10020				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <input type="checkbox"/> Delete BRANNERMAN, MARTHA G 10 ROCKEFELLER PLAZA, 3RD FLOOR NEW YORK, NY 10020				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <input type="checkbox"/> Delete ACCAME, GUILLERMO M 10 ROCKEFELLER PLAZA NEW YORK, NY 10020				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES <input type="checkbox"/> Delete KING, KENNETH 10 ROCKEFELLER PLAZA NEW YORK, NY 10020				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
CHIEF EXECUTIVE OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT LIPPINCOTT III 10 ROCKEFELLER PLAZA, 3RD FLOOR NEW YORK, NY 10020					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JONATHAN R. DODD 10 ROCKEFELLER PLAZA, 3RD FLOOR NEW YORK, NY 10020					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
SIGNATURE: <u>JOHN Carr</u> <span style="float: right;">1/16/06</span> <span style="float: right;">212-373-1822</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					