

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90029 042 \*\*\*150.00

<b>DOCUMENT # F04000001687</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 - No P.O. Box - <b>1580 Lincoln Street</b>		3. Mailing Address <b>48 WALL STREET</b>	
Suite, Apt. #, etc. <b>Suite 700</b>		Suite, Apt. #, etc. <b>14<sup>TH</sup> FLOOR</b>	
City & State <b>Denver, CO</b>		City & State <b>NEW YORK, NY</b>	
Zip <b>80203-1501</b> Country <b>USA</b>		Zip <b>10005</b> <b>USA</b>	
4. FEI Number <b>84-0583213</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</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 Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	CEO JOHNSON, PETER <input type="checkbox"/> Delete 10 ROCKEFELLER PLAZA, 3RD FLOOR NEW YORK, NY 10020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JOHNSON, PETER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 48 WALL STREET, 14 <sup>TH</sup> FL NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BRANNERMAN, MARTHA G <input type="checkbox"/> Delete 10 ROCKEFELLER PLAZA, 3RD FLOOR NEW YORK, NY 10020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S / GENERAL COUNSEL BANNERMAN, MARTHA G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 48 WALL STREET, 14 <sup>TH</sup> FL NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ACCAME, GUILLERMO M <input type="checkbox"/> Delete 10 ROCKEFELLER PLAZA NEW YORK, NY 10020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ACCAME, GUILLERMO M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 48 WALL STREET, 14 <sup>TH</sup> FL NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES REED, SEAN <input checked="" type="checkbox"/> Delete 10 ROCKEFELLER PLAZA NEW YORK, NY 10020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MCBEATH, CAMPBELL D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 48 WALL STREET, 14 <sup>TH</sup> FL NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODD, JONATHAN R <input type="checkbox"/> Delete 10 ROCKEFELLER PLAZA 3RD FL NEW YORK, NY 10020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR DOOD, JONATHAN R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 48 WALL STREET, 14 <sup>TH</sup> FL NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP CUTHBERT, ROBERT P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 48 WALL STREET, 14 <sup>TH</sup> FL NEW YORK, NY 10005
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:		1-31-08 212 373-1826	
SIGNATURE OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	