
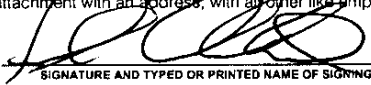


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90041 012 ***150.00

| | | | | | |
|--|--|---|---|--|--|
| DOCUMENT # F04000002503 1. Entity Name CRUM & FORSTER INDEMNITY COMPANY | | | |  | |
| Principal Place of Business 305 MADISON AVENUE MORRISTOWN, NJ 07962 | | | Mailing Address 305 MADISON AVENUE MORRISTOWN, NJ 07962 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 22-2868548 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER 200 EAST GAINES STREET TALLAHASSEE, FL 32399 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 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 ANTONPOULOS, NIKOLAS <input type="checkbox"/> Delete 12 PARKWOOD LANE BASKING RIDGE, NJ | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 305 MADISON AVENUE MORRISTOWN, NJ 07962 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTCD ROBERTSON, MARY JANE <input type="checkbox"/> Delete 1 FARRAGUT PLACE MORRISTOWN, NJ 07960 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 305 MADISON AVENUE MORRISTOWN, NJ 07962 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SV GASPAK, VALERIE J <input checked="" type="checkbox"/> Delete 305 MADISON AVENUE MORRISTOWN, NJ 07962 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY CAROL A SCOS 305 MADISON AVENUE MORRISTOWN, NJ 07962 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BRAUNSTEIN, JOSEPH F <input type="checkbox"/> Delete 652 LESLIE LANE YARDLEY, PA | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR 305 MADISON AVENUE MORRISTOWN, NJ 07962 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DALY, JAMES P <input checked="" type="checkbox"/> Delete 6 TANGLEWOOD LANE BASKING RIDGE, NJ 07920 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT HOWARD DE BARE 305 MADISON AVENUE MORRISTOWN, NJ 07962 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AVP CHADWICK, JACK W. <input type="checkbox"/> Delete 3 COUNTRY SIDE ROCKAWAY, NJ 07866 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 305 MADISON AVENUE MORRISTOWN, NJ 07962 | |
| 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:  | | | 4/25/07 Date 973-490-6600 Daytime Phone # | | |

ATTACHMENT 40096065

#F 4000002503

As of 3/31/07

OFFICERS & DIRECTORS

OF

CRUM & FORSTER INDEMNITY COMPANY

DIRECTORS:

Nikolas Antonopoulos
Joseph Francis Braunstein, Jr.
Mary Jane Robertson

OFFICERS:

| | |
|-----------------------------|--|
| Nikolas Antonopoulos | Chairman of the Board & Chief Executive Officer |
| Marc James Adee | President |
| Mary Jane Robertson | Executive Vice President, Treasurer & CFO |
| Carl William Berntsen | Senior Vice President |
| Donald Ross Fischer | Senior Vice President |
| John Joseph French | Senior Vice President |
| David John Ghezzi | Senior Vice President |
| Robert George Himmer | Senior Vice President |
| Dennis James Hammer | Senior Vice President & Controller |
| Mary Jeanne Hughes | Senior Vice President |
| Paul Kush | Senior Vice President |
| Kim Edgar Piersol | Senior Vice President |
| Paul William Bassaline | Vice President |
| Howard DeBare | Vice President |
| Richard Joseph Klimaszewski | Vice President |
| James Vincent Kraus | Vice President |
| Gary Joseph McGeddy, Jr. | Vice President |
| Kathleen Ann McNamara | Vice President |
| Patricia Lee Noll | Vice President |
| Jack William Chadwick | Assistant Vice President |
| Michael Paul Kevin Ziemer | Assistant Vice President |
| Carol Ann Soos | Secretary |
| Sonia Konopi | Assistant Secretary |
| Frances Vasquez Trevino | Assistant Secretary |

ATTACHMENT

40096065

Crum & Forster
A FAIRFAX Company

United States Fire Insurance Company
The North River Insurance Company
Crum & Forster Indemnity Company

Tax Department
305 Madison Avenue
Morristown, NJ 07962
973-490-6600

April 25, 2007

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: 2007 For Profit Corporation
Annual Report

Dear Sir or Madam:

We have enclosed the above captioned item along with a check in the amount of \$150.00 on behalf of Crum & Forster Indemnity Company, Federal Tax ID: 22-2868548.

All future correspondence concerning this report for the referenced company should be sent to my attention at the address noted above.

Sincerely,



Kathleen Mackey
Sr. Tax Accountant

Certified Mail #: 7005 0390 0001 9220 7656