


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

FILED
Feb 16, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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02-16-1999 90042 019 *****150.00



DOCUMENT # F98000003195

1. Corporation Name
QUADRANT INDEMNITY COMPANY

Principal Place of Business 82 HOPMEADOW STREET SIMSBURY CT 06070-7683	Mailing Address 82 HOPMEADOW STREET SIMSBURY CT 06070-7683
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 06/05/1998	
4. FEI Number 06-1481194	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL
 TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	COCD	<input type="checkbox"/> DELETE
NAME	KULLAS, ROBERT H	
STREET ADDRESS	82 HOPMEADOW STREET	
CITY-ST-ZIP	SIMSBURY CT 06070-7683	
TITLE	COCD	<input type="checkbox"/> DELETE
NAME	SILLS, STEPHEN J	
STREET ADDRESS	82 HOPMEADOW STREET	
CITY-ST-ZIP	SIMSBURY CT 06070-7683	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DEUTSCH, ROBERT V	
STREET ADDRESS	82 HOPMEADOW STREET	
CITY-ST-ZIP	SIMSBURY CT 06070-7683	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FALKOWSKI, JOHN F	
STREET ADDRESS	82 HOPMEADOW STREET	
CITY-ST-ZIP	SIMSBURY CT 06070-7683	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KEARNEY, JOHN F	
STREET ADDRESS	82 HOPMEADOW STREET	
CITY-ST-ZIP	SIMSBURY CT 06070-7683	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAPIN, DAVID B	
STREET ADDRESS	82 HOPMEADOW STREET	
CITY-ST-ZIP	SIMSBURY CT 06070-7683	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 information 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine Harris **REQUIRED** 1/14/99 (860)-408-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)