


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90021 033 ***150.00

| | | | | | |
|--|-----------------------|--|---|---|--|
| DOCUMENT # F98000003195 | | | |  | |
| 1. Entity Name QUADRANT INDEMNITY COMPANY | | | | | |
| Principal Place of Business 82 HOPMEADOW STREET SIMSBURY, CT 06070-7683 | | | Mailing Address ATTN: PAT TOMCZYK 15 MOUNTAIN VIEW BLVD WARREN, NJ 07059 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | FL |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | DPCO | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COX, ROBERT C | | NAME | | |
| STREET ADDRESS | 3 MOUNTAIN VIEW ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | WARREN, NJ 07059 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAVANAUGH, TERENCE W | | NAME | | |
| STREET ADDRESS | 15 MOUNTAIN VIEW ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | WARREN, NJ 07059 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOTAMED, THOMAS F | | NAME | | |
| STREET ADDRESS | 15 MOUNTAIN VIEW ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | WARREN, NJ 07059 | | CITY-ST-ZIP | | |
| TITLE | DVPS | <input checked="" type="checkbox"/> Delete | TITLE | V.P. Sec/Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GULICK, HENRY G | | NAME | W. Andrew Macan | |
| STREET ADDRESS | 15 MOUNTAIN VIEW RD. | | STREET ADDRESS | 15 Mountain View Rd. | |
| CITY-ST-ZIP | WARREN, NJ 07059 | | CITY-ST-ZIP | Warren, NJ 07059 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRONNER, JAMES P | | NAME | | |
| STREET ADDRESS | 3 MOUNTAIN VIEW RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | WARREN, NJ 07059 | | CITY-ST-ZIP | | |
| TITLE | SVP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FITZPATRICK, SEAN M | | NAME | | |
| STREET ADDRESS | 82 HOPMEADOW ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SIMSBURY, CT 06070 | | CITY-ST-ZIP | | |
| 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: <i>W. Andrew Macan</i> | | | Date: <i>1-31-06</i> Daytime Phone #: <i>(908)903-5847</i> | | |

40009846



01312006 Chg-P CR2E034 (11/05)

4. FEI Number **06-1481194** Applied For Not Applicable

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

ATTACHMENT

40009842

#798080003195

Quadrant Indemnity Company

Directors

DIRECTORS

James P. Bronner

Terrence W. Cavanaugh

Robert C. Cox

W. Andrew Macan

Thomas F. Motamed

ATTACHMENT

40009841

#798000003195

Quadrant Indemnity Company

Elected Officers

PRESIDENT & CHIEF EXECUTIVE OFFICER

Robert C. Cox

SENIOR VICE PRESIDENTS

Sean M. Fitzpatrick

Joseph C. O'Donnell

Michael O'Reilly

VICE PRESIDENTS

John C. Anderson

Gregory P. Barabas

Arthur J. Beaver

Christine A. Dart

Anthony S. Galban

Kim D. Hogrefe

Christopher M. Mango

Robert A. Marzocchi

VICE PRESIDENT & ACTUARY

W. Brian Barnes

VICE PRESIDENT & GENERAL COUNSEL

David C. Robinson

VICE PRESIDENT & SECRETARY

W. Andrew Macan

VICE PRESIDENT & TREASURER

Douglas A. Nordstrom

VICE PRESIDENT & ASSISTANT SECRETARY

Amelia C. Lynch