

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 APR 25 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **854240** (9)
1. Corporation Name
HERITAGE INDEMNITY COMPANY

Principal Place of Business Mailing Address
**30851 W. AGOURA RD.
AGOURA HILLS CA 91301** **30851 W. AGOURA RD.
AGOURA HILLS CA 91301**

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

3. Date Incorporated or Qualified **09/30/1982** 3a. Date of Last Report **04/29/1994**
4. FEI Number **95-3553435** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
6. This corporation has liability for filer's fees under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GORDON, FRANK J.
STREET ADDRESS	30851 W. AGOURA RD.
CITY ST ZIP	AGOURA HILLS CA
TITLE	VSD
NAME	OWENS, JAMES J.
STREET ADDRESS	30851 W. AGOURA RD.
CITY ST ZIP	AGOURA HILLS CA
TITLE	VTSD
NAME	OBEDENCIO, SANTIAGO U.
STREET ADDRESS	30851 W. AGOURA RD.
CITY ST ZIP	AGOURA HILLS CA
TITLE	PD
NAME	BOSTIC, E. DAVID
STREET ADDRESS	30851 W. AGOURA RD.
CITY ST ZIP	AGOURA HILLS CA
TITLE	VTD
NAME	KELLOGG, CLAUDE C.
STREET ADDRESS	30851 W. AGOURA RD.
CITY ST ZIP	AGOURA HILLS CA
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MARC G METCALF
13 STREET ADDRESS	3001 SUMNER ST.
14 CITY ST ZIP	STANFORD, CT 06927
21 TITLE	ST. VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	RICHARD N BERGMANN
23 STREET ADDRESS	4931 MATILYA AVE
24 CITY ST ZIP	SILVERMAN OAK, CA 91323
31 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	RICHARD B SALMON
33 STREET ADDRESS	2970 FELTON ST.
34 CITY ST ZIP	NEBURY PARK, CA 91320
41 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	STEVEN D. WHEELER
43 STREET ADDRESS	42884 BLUEHILLS DR.
44 CITY ST ZIP	LAKE ELIZABETH, CA 93532
51 TITLE	VP C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	LAURA F. YAMANAKA
53 STREET ADDRESS	2375R S. COLUMBIA CI.
54 CITY ST ZIP	VALENCIA, CA 91355
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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.

SIGNATURE: *Santiago U. Obedencio* **SANTIAGO U. OBEDENCIO** **417/95** (City) **889-2530** (Telephone #)