

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854240

FILED
Apr 28, 2009
Secretary of State

Entity Name: HERITAGE INDEMNITY COMPANY

Current Principal Place of Business:

7125 W. JEFFERSON AVE.,
SUITE 200
LAKEWOOD, CO 80235

New Principal Place of Business:

Current Mailing Address:

7125 W. JEFFERSON AVE.,
SUITE 200
LAKEWOOD, CO 80235

New Mailing Address:

FEI Number: 95-3553435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: ZAYAS, ORLANDO J
Address: 7125 W. JEFFERSON AVE., STE. 200
City-St-Zip: LAKEWOOD, CO 80235

Title: VDS () Delete
Name: BERMAN, JAY H
Address: 500 VIRGINIA DRIVE
City-St-Zip: FT. WASHINGTON, PA 19034

Title: VD () Delete
Name: ADAMS, JEFFREY J
Address: 7125 W. JEFFERSON AVE., STE 200
City-St-Zip: LAKEWOOD, CO 80235

Title: DVP () Delete
Name: WILMOT, JONATHAN J
Address: 7125 W. JEFFERSON AVE., SUITE 200
City-St-Zip: LAKEWOOD, CO 80235

Title: DCA () Delete
Name: FLEISCHER, JEFFREY R
Address: 7125 W. JEFFERSON AVE., SUITE 200
City-St-Zip: LAKEWOOD, CO 80235

Title: DTVP () Delete
Name: PALMER, J. KEITH
Address: 23 PASTEUR
City-St-Zip: IRVINE, CA 92618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VDS (X) Change () Addition
Name: BERMAN, JAY H
Address: 1400 UNION MEETING ROAD
City-St-Zip: BLUE BELL, PA 19422

Title: VD (X) Change () Addition
Name: DUBOSE, GUY S
Address: 23 PASTEUR
City-St-Zip: IRVINE, CA 92618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY H. BERMAN

_____ Electronic Signature of Signing Officer or Director

VDS

04/28/2009

_____ Date