

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854240

FILED
Apr 22, 2011
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

OFFICERS AND DIRECTORS:

Title: PD
Name: PALMER, KEITH
Address: 7125 W. JEFFERSON AVE.,STE. 200
City-St-Zip: LAKEWOOD, CO 80235

Title: S
Name: BERMAN, JAY H
Address: 7125 W. JEFFERSON AVE.,STE. 200
City-St-Zip: LAKEWOOD, CO 80235

Title: AS
Name: SAMMONS, HOLLYE
Address: 7125 W. JEFFERSON AVE.,STE. 200
City-St-Zip: LAKEWOOD, CO 80235

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

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

Title: T
Name: LARI, THOMAS J
Address: 7125 W. JEFFERSON AVE., SUITE 200
City-St-Zip: LAKEWOOD, CO 80235

I hereby 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 all other like empowered.

SIGNATURE: JAY H. BERMAN

S

04/22/2011

Electronic Signature of Signing Officer or Director

_____ Date