

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **09/30/1982**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **95-3553435**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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 607.0602 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 _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	METCALF, MARC G.	
STREET ADDRESS	3001 SUMMER ST	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	OWENS, JAMES J.	
STREET ADDRESS	30851 W. AGOURA RD.	
CITY-ST-ZIP	AGOURA HILLS CA	
TITLE	VTSD	<input checked="" type="checkbox"/> DELETE
NAME	OBEDENCIO, SANTIAGO U	
STREET ADDRESS	30851 W AGOURA RD	
CITY-ST-ZIP	AGOURA HILLS CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOSTIC, E. DAVID	
STREET ADDRESS	30851 W. AGOURA RD.	
CITY-ST-ZIP	AGOURA HILLS CA	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	YAMANAKA, LAURA F.	
STREET ADDRESS	23958 S COLUMBIA CT	
CITY-ST-ZIP	VALENCIA CA 91355	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	BERGMANN, RICHARD W.	
STREET ADDRESS	4931 MATILJA AVE	
CITY-ST-ZIP	SHERMAN OAKS CA 91423	

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 checked="" type="checkbox"/> Addition
3.2 NAME	VTSD
3.3 STREET ADDRESS	CARR, KEVIN M.
3.4 CITY-ST-ZIP	30851 W. AGOURA RD.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AGOURA HILLS, CA
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400001869884
5.3 STREET ADDRESS	-06/20/96--01063--037
5.4 CITY-ST-ZIP	***225.00
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Kevin M Carr* **Kevin M Carr** 6/10/96 810-466-6901
DATE: 6/10/96

CR2E034 (12/95)